



J. xxx. h.

19/

1-11
Mon Mr Author
THE

MISAPPLICATION

OF

ANÆSTHESIA IN CHILDBIRTH,

EXEMPLIFIED BY FACTS.

BY

G. T. GREAM,

ONE OF THE MEDICAL OFFICERS OF THE QUEEN CHARLOTTE'S LYING-IN HOSPITAL,
FELLOW OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY, &c. &c.

"I confess it is my nature's plague
To spy into abuses."—*Othello*.

LONDON:
JOHN CHURCHILL, PRINCES-STREET, SOHO.

MDCCCXLIX.

68688



LONDON:

PRINTED BY G. J. PALMER, SAVOY STREET, STRAND.

PREFACE.

THE following statement may appear superfluous now that the employment of Anæsthesia in midwifery has ceased to be esteemed by the public, and that the praises bestowed upon it have failed to impart to those who are the most extensively engaged in practice any belief in its advantages, or to remove from their minds the sense they entertain of its dangers; and it must be confessed that no further exposure of its effects was necessary to cause its disuse. But my inducement to write again upon the subject has been not only to demonstrate by facts what I stated in a former pamphlet, but also to show the entire fallacy of the denials, emanating from Edinburgh, of the statements I at that time made.

Having inquired into the experience of a great number of eminent practitioners in large provincial towns, many events of interest have become known to me, connected with the use of anæsthetic vapours, some of which are noticed in these pages, but more have been omitted owing to the limits of a pamphlet not permitting their insertion. It may, however, be remarked, that not only have all my former assertions been substantiated, but I regret to say my prognostications regarding the casualties and fatality attending the use of anæsthetic vapours, have been to a frightful extent exceeded; and there can be no doubt that had I

made twice or thrice the number of inquiries, I should have become acquainted with a proportionately increased number of untoward events. The extent, therefore, of the havoc that would have attended the use of anæsthesia in midwifery, had no objections been offered to it, is thus clearly made manifest.

I have to return my best thanks to those gentlemen who most kindly gave me information. I received none but the most courteous replies, although many of my correspondents were personally unknown to me; and I shall ever feel gratified in having had the opportunity of learning that so many eminent and scientific men coincide with me entirely in condemning the employment of anæsthesia in midwifery. The majority of them gave me full permission, in publishing their replies, to add their names, but I have, nevertheless, declined availing myself of their kindness, although at the sacrifice of the influence this addition to the extracts from their letters would have had upon the reader. In thus withholding their names, I have acted as I thought was due to them. I would not take the responsibility of being personally instrumental in exposing them to the vituperation to which they would, without doubt, have been subjected; although probably by none, any more than by myself, would the least importance have been attached to it.

The intended publication of a "large work on Anæsthesia" was announced to me many months ago, by a great advocate of anæsthetic midwifery. I learnt that it was to contain a number of certificates in favour of the practice, collected from various sources: the subsequent discovery of such facts as are referred to in the following pages, has probably prevented the publication. But another work, no doubt equal in size, has arrived from America; it is full of cases and reasonings, all supposed to favour anæsthetic midwifery; but if confirmation of my arguments against it was required, I certainly should at once refer to this book; and I will urge those who seek objections to the use of anæsthesia in midwifery, to read and digest well this work of a

Dr. Channing, of Boston, and they will learn besides, that, as in this and other countries, so in America, although some few practitioners may be found who advocate anæsthesia in parturition, those who are the most extensively engaged in midwifery practice have never yet employed it in natural labour; and that, however much Dr. Channing may be disposed to narcotize his patients in Boston, his brethren of more experience, Drs. Meigs, (of Philadelphia,) Hodge, and Huston, decline doing so under any circumstances whatever.

I may venture to feel assured that those who do me the favour to read this pamphlet will acquit me of having any other than a conscientious motive for publishing its contents; any different feeling would have induced me rather to uphold the practice that I condemn. Had personal ambition or desire of gain influenced me, instead of running counter to the popular feeling, I should have gone with it; for at the time I first made public my objections, the estimation of anæsthetic midwifery, by the general public, was at its highest,—never, however, a very lofty eminence, and lasting but for the briefest period; still the feeling was rather in favour than against it; but having well considered the subject, and being convinced of its dangers, and esteeming it as not coming within the limits of sound medical practice, I resolved to oppose it by all the humble means in my power, and subsequent results certainly have tended to convince me of the propriety of my determination; and if I have thus been the means of preserving even one life, I shall esteem myself abundantly repaid.

CONTENTS.

General remarks	<i>Page</i> 1
Difference between anæsthesia in surgery and midwifery	2
Report of the Edinburgh Obstetric Society	4
General feeling regarding anæsthetic midwifery	5
Religious publications	7
Etherization not sleep	8
Similarity of ordinary intoxication and etherization	9
Complete insensibility must be induced to allay the pains of labour	14
Narcotism allays uterine action	18
Why so many cases of artificial delivery in Edinburgh ?	22
Do the maternal passages yield from the effects of anæsthetic agents ?	23
Labour rendered difficult by etherization	24
Children injured by etherization	26
Mortality among children at Edinburgh	28
Division of etherization into degrees	29
First degree :—	
Drunkenness	
Second degree :—	
Lascivious dreams	31
Calumny on English women	<i>ib.</i>
Causes of lascivious dreams	32
Dreams not in accordance with the natural impressions	35
Third degree :—	<i>Page</i> 43
Convulsions	44

Fourth degree :—	49
Deaths after operations	<i>ib.</i>
—— after delivery	59
After effects of etherization	63
Uncertainty of the effects of etherization	70
Deductions derived from the facts recorded	71

“ But I do find it cowardly and vile
For fear of what might fall, so to prevent
The time of life.”

SINCE January, 1847, when anæsthesia was first employed in midwifery, not the profession only, but the public at large, have been continually assured by the Edinburgh Medical Journals, by paragraphs copied into the non-medical London papers—by pamphlets and by speeches—that the use of anæsthesia in midwifery, while it produces every advantageous result, tends in no way either to injure or endanger the life of the mother or of the child ; the accounts have teemed with the supposed advantages, with the grateful exclamations of women after delivery, with the startling assurance that this the patient's second labour was only so many minutes in length after the inhalation, while her former labour, her first, was an equal number of hours. All the small advantages have been magnified into large ones, and every casualty has been with equal caution withheld from publication. But no practitioner can have failed to witness the gratitude of all midwifery patients who have had due attention paid them in their distress ; they all are ready to attribute any alleviation of their sufferings, any shortening of their labours, as compared with their previous deliveries, to the skill and attention of their attendants. In all cases, with but few exceptions, women of the better class will be heard to thank God that their sufferings are over, and to express their gratitude for the cares they have experienced from those who have attended and waited upon them ; but if women are led to believe that except for the use of ether or chloroform their labours would have been, in subsequent deliveries, as severe and as protracted as in the first, how much more loudly may it be supposed would their exclamations of gratitude be expressed, the fact being unknown to many, that no second labour, except in very rare instances, is at all to be compared as regards the intensity of pain and its duration, to the first delivery.

The medical profession cannot be deceived into the belief of any such advantages—but the introduction of pamphlets into drawing-rooms—the exhibition of the effects of ether vapour at evening parties—the evidence given to amateur observers of the apparent absence of danger when anæsthesia is produced for the performance of operations—all have tended to lead to the belief that it is also unattended by danger in the practice of midwifery ; such, however, is not the case. The use of ether or chloroform vapours in surgery, and their employment in midwifery, are totally distinct both in their modes of action and in the amount of danger attending their employment. In surgery the agent is at once removed when complete anæsthesia is produced ; in midwifery its use must be prolonged, if pain is to be annulled, for an indefinite period ; and this is one of its greatest dangers. When a person is under an operation he is in an unnatural position ; a shock may be saved to the system by allaying the pain attending the operation ; but a woman in natural labour is in a natural condition ; to induce anæsthesia in that woman is to endanger her life, and to reduce her to an abnormal state ; by the pains of labour in patients under skilful hands life is never endangered. If their prolongation or intensity endanger life, means should be taken to shorten the labour, and thus to prevent the impending mischief ; but I confess I have never yet seen an instance in which the pains of labour have endangered life. Then the amputation of a limb does not occur in the generality of instances above once in life ; a labour may occur annually—a risk may be run in one instance, but to repeat that risk would be dangerous and wrong. The anticipations of the use of the knife, and the pain attending it, without any intervals of rest, as in labour, are much more frightful than the anticipation of parturient pains—except indeed in those instances in which women have been told beforehand that they are to suffer “ agony,”—that the pains are “ indescribable,”—“ comparable to no other pains,” &c. I can readily understand such women—who have read pamphlets in which they are studiously told that their pains are most dreadful to be anticipated—becoming alarmed in anticipation, and requiring more than the ordinary courage to bear up against the fear that has been engendered in them ; but when we daily see women who have given birth to many children before, rejoicing in the con-

templation of another being born—when we see also the excessive joy evinced at the sight of a child which a moment before has been the cause of so much pain, and the total forgetfulness that this joy causes of the suffering just endured, it is impossible to believe in the absence of some power in women providential of the occasion, which enables them to brave their sufferings with courage, and to forget them again with wonderful facility; it is at the same time impossible to esteem the pain of labour on an equality with that attending the cutting of the surgeon's knife: I do not mean the comparative amount of suffering attending the one and the other, it is probably equal in intensity; but the intervals of perfect ease in labour, the joy in anticipation of the result that is to follow, and the action of the uterus being natural, render its effects upon the mind and body of very much less serious consequence, either hereafter or by anticipation, than the dread and ultimate results of the surgeon's knife; indeed, "there are many labours," as writes Mr. Banner* of Liverpool, "so favourable, that the patients bear what pain there is cheerfully, and make no complaint, unless it be for a few moments whilst the child's head is passing through the external parts;" while the pain incidental to the cutting of the knife (an unnatural infliction,) the depression in health often, and in mind, and the anticipation of mutilation and the crippled condition, frequently the result of operations, become almost insupportable.

After anæsthesia had been employed in Edinburgh for some time, we heard of a few instances here and there in which ether or chloroform had been given elsewhere during delivery, but the practice was not followed by those in extensive occupation; they foretold dangers, and refrained, and wisely too, until more experience was gained upon the subject; but all this while the use of anæsthesia *in surgery* was popular in London and throughout the country. The London practitioners were abused for their apathy and indolence in not using it in midwifery; they were told that they never tried anything new until all others had employed it long ago—that vaccination even was discarded at first; and a great many other assertions were made, with the hope of stimulating them into the employment of anæsthesia in midwifery, without, however, any such result. The London practitioners, with a

* Med. Gazette, March 30, 1849.

very few exceptions, being too wise and too careful of the lives of those who placed confidence in them, to recklessly use an agent the advantages of which they doubted, the dangers of which they foretold. They were not to be led into risking their patients' lives by the deductions* put forth in the reports of proceedings at the Obstetrical Society of Edinburgh, after only *three weeks' experience* in the use of anæsthesia in midwifery, deductions contradicted by themselves, as will hereafter be shown, and completely and entirely thrown over by a very little subsequent investigation.

The theories alluded to seemed to arouse the doubts of some persons as to their correctness; and they ventured to express their belief that an undue bias was shown in favour of the use of anæsthesia. Their remarks were immediately met by positive denial, and by personal vituperation; and, fearing a repetition of this kind of treatment, they were silenced for the future. I wish not to claim for myself any commendation, but I may venture to state that I, not having the fear of injury from personal invective, persisted in spite of this opposition in offering some humble suggestions, as a caution to those who might be induced to hazard too rashly the use of an agent that I had, even at that early period, known to endanger life.

I too was answered in the same manner in an anonymous article in the Edinburgh Monthly Journal, of which Dr. Simpson of Edinburgh afterwards confessed himself the author. It was but of little importance to me; but as so much of what I then published was positively denied, I have been induced to continue my researches, and to publish the results in the following pages. They are but hastily put together, for an unusual number of engagements have unfortunately pressed upon me, and I have been able to afford no lengthened time to arrange the information I have received as correctly as I could have wished.

Most people have become convinced that there is danger in the use of anæsthetic agents; they do not now believe that being delivered under the influence of chloroform is so easy an occurrence as they were wont to think it was; they have heard of deaths and other casualties, but especially of dreams occurring

* Edinburgh Monthly Journal, vol. 1846—7.

of an indecent character. They begin to think that etherization is only another word for intoxication; and they now, not only refrain from inquiring about anæsthesia during their delivery, but they would not submit to its influence even if they were asked to do so.

In London but very little is heard of it in midwifery. I am referring to persons of education and high moral feeling; in France, I believe, it is scarcely used at all; in Russia it is never employed; and in America, Dr. Meigs,* the greatest authority there in midwifery, writes: "In New York, as I learn, the surgical application of chloroform is common, while its obstetrical use has not acquired a general vogue. As to its employment in midwifery here (in Philadelphia), notwithstanding a few cases have been mentioned and reported, I think it has not yet begun to find favour with accoucheurs. I have not exhibited it in any case, nor do I at present know of any intention in that way entertained by the leading practitioners of obstetrical medicine and surgery in this city."

In Dublin it is but seldom employed—I have evidence of it from the best authorities,—and certainly not by those in the most extensive practice of midwifery; but in Edinburgh the dangers have been overlooked or unheeded, and when persons could be found indiscreet enough to submit themselves to anæsthesia, they went through the ceremony of inhalation. Whether they really *now* run into danger, or whether they receive the least benefit by the alleviation of their pains, remains to be considered by what follows.

One of the strongest arguments against the employment of anæsthesia in midwifery, is to be found in the circumstance that while its use in surgery became general in the shortest possible time, not only in this country but elsewhere,—that surgeons were vying with each other in their efforts more effectually to allay the sufferings attendant upon operations—while there has never been any hesitation in employing anæsthesia in all cases of surgery of importance, still that in midwifery it has not only failed to become general in practice, but having at one time gained some little favour, has lost it again, and has now almost ceased to be esteemed.

Having taken much pains to make inquiries in many parts of the kingdom, by means of a lithographed letter, concerning the

* Letter to Dr. Simpson.

use of anæsthesia in surgery and midwifery, and having in my possession the answers to those inquiries, I am able to judge, pretty accurately, as to the favour it receives in the large towns in England, amongst the most extensively engaged practitioners; and in almost every answer some such remarks as the following are made to me: — “Patients in this neighbourhood are averse to its use.” “Chloroform has scarcely an advocate in this neighbourhood in midwifery.” “I am not aware of chloroform having been administered in this neighbourhood in any midwifery case.” “Chloroform has not been used in this town for midwifery cases, except by an irregular practitioner, who wishes to puff himself by it.” One gentleman writes that he shall ever regret his having employed chloroform (he did so only in one case), for he has lost practice by its being known that he administered it; and the attendance of other practitioners had been sought in consequence. Another writes, “In the only midwifery case in which I attempted the use of it at the patient’s earnest request, when she was suffering from a protracted labour, she herself, a very nervous woman,—shrank from the idea of being rendered insensible, when the handkerchief containing the chloroform had been kept upon her mouth a short time, and no anæsthetic effect ensued; for other cases, when I have suggested its use, my patients have declined it. A few examples amongst the higher classes here might change the feeling eventually.”

One gentleman writes, “I believe I may safely say that in — and its neighbourhood chloroform *has never* been used in midwifery; the medical men here seem decidedly opposed to its use in this branch.” In the same letter much is written in favour of its use in *surgery*.

In another letter it is told me, “I have not used it in midwifery, but very frequently in surgical operations.” Again, “It has not been much used here in midwifery; by myself never, having strong objections to its use in such cases. This I find is the prevailing feeling,—those who do use it yielding to the solicitations of patients, but even that is becoming of less frequent occurrence.”

It would be possible to repeat such quotations to an unlimited extent; but it will be sufficient to state, that out of a great number of letters there are only three which contain anything

like praises of the effect of chloroform in midwifery ; and I doubt very much whether the practitioners who wrote these answers had been able to gain experience in more than a case or two, and they all three resided in towns of no great importance. People who were not taken at once with the flaming account of the effects of these agents, thought more seriously about them in a religious point of view, and to meet these scruples, two pamphlets were published. I will not attempt, however, to remark further concerning these publications, than to notice that they have both emanated from authors interested in the employment of etherization, and from the pens of physicians, not from those of clergymen or others writing with authority, and learned in points requiring so minute an investigation. I have read the pamphlet of Dr. Simpson ; the other I have not seen. In the first there is much that I own I think ought not to have been written ; and as a whole, I am of opinion it does not contain one single argument to prove that there is authority for allaying the pains of labour ; but the paucity of its reasonings may be judged of when it is known that the removal of Adam's rib is called *the first great surgical operation* ; and that as he was in a deep sleep at the time, so this is considered as an example of the use of anæsthesia, and esteemed an authority for employing anæsthetic agents at the present time.

But let it be granted that there is full authority for annulling the pains of labour,—let it be allowed that no objection is to be found to the entire prevention of the sufferings incidental to parturition ; I will still maintain that not one expression can be found in Holy Scripture, permitting the induction of intoxication in order to allay these pains.

Dr. Simpson confesses to have received a letter with regard to the use of anæsthesia in midwifery from an “ eminent London divine ;” and I am led to think there is more sound, more direct authority in the few words explaining the conscientious conviction of this clergyman, than is contained, or probably can be found, in the whole of either of the pamphlets emanating from the theological reasonings of the two physicians. He writes, “ The question with me is not the alleviation of pain, but the destruction of consciousness. I should hesitate greatly to take a step which destroys consciousness.” “ Now,” adds Dr. Simpson, “ certainly our consciousness is destroyed in natural sleep, as much as in the

anæsthetic sleep ;” and then follow some personal remarks addressed to the learned writer of the above, to which, for the sake of delicacy, I will not further allude. I will take upon myself, however, most positively to deny that the insensibility derived from the vapour of ether or chloroform, is at all similar to sleep in any one particular. In sleep the sense of hearing is to a great degree retained, and the sense of feeling too is not absent : a noise or a touch will immediately awake a person in an ordinary sleep, but in the anæsthetic state both are totally destroyed. The condition is exactly that of direct and profound intoxication. There is no real difference between anæsthesia produced by the inhalation of ether or chloroform vapour and the imbibition of spirituous liquors. The imaginary difference is,—that the one is medicinal, the other being available at the person’s will. And what, I will ask, is thought of the man who suffers from agony of mind, in consequence of pecuniary or other difficulties, and to allay this agony, continually induces anæsthesia by means of utter intoxication—the effect of brandy or gin? In what way even is he estimated who, suffering from a painful neuralgic affection or from any other disease causing bodily pain, unceasingly imbibes ardent spirits because when he is intoxicated he no longer suffers from his complaint? Is not he considered an immoral and a bad man? but is he in a different position to the woman who, to avoid the pains incidental to labour, seeks intoxication in order to remove them? The state induced in either case in no way differs the one from the other—drunkenness alone is the result; and this condition is justly esteemed a crime by the laws both of God and man. Then it has been said :—if anæsthesia is not to be produced by ether-vapour, the use of opium and other anodynes become forbidden. Again, this argument is shown to be futile; for there is no instance in which opium is given by medical authority to the extent to destroy consciousness, although it, more or less, effectually tends to allay ordinary pain. If this drug is exhibited in sufficiently large doses to produce unconsciousness, death will almost certainly be the result; and unless consciousness is destroyed, there will not, in however large doses opium may be administered, be immunity from pain,—such pain as is incidental to the cutting of the surgeon’s knife.

Then, it will be asked, is it right, if the state resulting from the inhalation of chloroform is only one of drunkenness, is it right to induce this under any circumstances, whether in surgery or midwifery? I think the advantages that are gained from anæsthesia during the performance of severe operations, would fully justify the use of even ardent spirits carried to the extent of intoxication, provided the condition induced by them was more transient than it is. Suppose, for instance, a tender boy to have abscess burrowing under the integuments involving the whole of a lower extremity: he has become emaciated to the utmost extent, amputation is his only chance, but he has not power to go through the operation; the pain alone will cause his death independent of the shock to the system:—would it be right to make this boy intoxicated, if it was known that it would save him from death by the shock of the operation? It seems to me that it certainly would, whether by means of ardent spirits or by the use of the vapour of chloroform, provided their ultimate effects upon the system were similar in all respects. But, suppose a woman in a natural labour, she is not in danger of her life, the pain is bearable pain:—would it be right to give her to drink sufficient gin or brandy to render her insensibly drunk? would it be considered moral in her to ask for it? or would it be proper for her medical attendant to listen for one moment to the desires of such a woman? Now there is no difference morally between administering to a parturient woman in natural labour, whose life is not hazarded, but who is simply desirous of avoiding pain, large potations of intoxicating liquors, and allowing her to inhale equally effective quantities of the vapour of some anæsthetic agent.

Dr. Miegs, of Philadelphia, in alluding to this subject, writes:—"If I could believe that chloroformal insensibility is sleep indeed, the most considerable of my objections would vanish; chloroform is not a soporific; and I see in the anæsthesia it superinduces a state of the nervous system in no wise differing from the anæsthetic results of alcoholic potations, save in the transiency and suddenness of its influence."

To prove that anæsthesia may be produced by drinking ardent spirits, it is only necessary to mention some few instances as evidence of the fact.

A writer* on the use of anæsthetic agents, remarks:—"The effect produced is probably that of intoxication, peculiar in its kind, from the rapid manner in which it is induced: and the insensibility to pain which follows, is analogous to that from ordinary drunkenness." "There are several instances of this effect in drunkenness, as in the amputation of a leg of a woman brought into St. Bartholemew's Hospital, while drunk, by Mr. Lawrence. A man had part of his face eaten away by a pig while he was lying dead drunk on the ground."

"Professor Quain," writes the same author, "also has mentioned an instance where a man in a state of intoxication fell from a coach and had a shattered leg amputated; on coming to himself he affirmed that he knew nothing either of the accident or the operation."

"That this state of insensibility to pain from ordinary intoxication was not generally at least known, I should infer from the case mentioned to me by Dr. Sharpey, of a Scotchman who had been indulging himself in perhaps more ways than one at a penny-wedding; he complained to a magistrate of his testicles having been cut off by some one while he was drunk; and his story was not credited, until Mr. Syme, of Edinburgh, gave evidence as to its probability."

Dr. Gull† remarked at the South London Medical Society, "As in ordinary alcoholic drunkenness, so in ether drunkenness asphyxia may be induced, and death follow."

"It‡ sometimes happens that a patient is thrown into a state of lively intoxication, he becomes loquacious and obstreperous, so much so, that the operator is unable to proceed; but, as in cases of drunkenness, should the operation have been effected, he is, when restored to his natural senses, quite unable to remember the pain which he appeared to have experienced."

Other accounts of the effects of ether-vapour all go to prove that common ordinary intoxication is the result of ether inhalation. One author writes,—"She was seized with disorderly hilarity, as is often observed. She was at times very loquacious."

Another writer, in relating a case, says,—"On the operation being completed, and the patient reviving, some desultory and

* Mr. Robinson.

† Lancet, 1847.

‡ Ibid.

drunken ejaculations followed, accompanied with all the relish of a laugh, but no sound." Another says,* "In passing my hand into the vagina the woman was thrown into a momentary state of *tetanic spasm*. This was succeeded by a half drunken stupid laugh." "An Irish woman,† about 40 years of age, after inhaling for a short time, became furious and unmanageable, her face flushed, pulse at wrist full 120; in about half a minute she sank into the chair; her head dropped, her arms fell, and her pulse became scarcely perceptible." She afterwards recovered, and "apologised for her unruly behaviour, being, as she said, unaccustomed to spirits and water, or anything of that sort."

The druggist's boy at Aberdeen, whose case is mentioned hereafter, was in the constant habit of inhaling chloroform for the sake of its intoxicating effects; and a gentleman who also ultimately fell a victim to the habit, was found dead with a sponge near his face, from which he inhaled chloroform, even while he made flies for fishing with; the reason given for which was that he was asthmatic. But it was truly remarked in a medical journal at the time, that there are always excuses made even for the grossest drunkards.

A woman was picked up in the streets at Amiens, she was taken into a house, and delivered there; she was completely intoxicated, and when she recovered her sensibility she declared she knew nothing of her delivery, and said she should get drunk again when labour came on at any future period.

Enough has been said here to prove that the state of etherization is exactly similar in all respects to that of common intoxication. I could call numerous other quotations to prove this; even Dr. Simpson says, "that not unfrequently small doses are accompanied with excitement and talking." But I believe there is no one who will venture to contradict the fact that drunkenness and the effect of ether-vapour are one and the same condition.

Is there then a practitioner living who would, simply for the purpose of allaying parturient pain, be guilty of so gross a piece of immorality as to suggest to a chaste woman that she should drink enough of any spirituous liquor to make her insensibly drunk? or is there in the United Kingdom a single woman above the

* Dr. Murphy.

† Mr. Clindon.

level of the lowest order of persons, who would consent to this proceeding? Then, I will again inquire—Is it right to produce insensibility by one means, if it is wrong to do it by others?

It is sad enough to listen to the delirious exclamations, and wandering expressions incidental to cerebral disease, but to be the actual promoter of a state of gross drunkenness, that condition being increased in its revolting character by the accompaniment of obscene expression and actions, as will be hereafter shown to have occurred, is sufficient, I should hope, to deter most men from attempting such practice in any case of midwifery to which their attention may be called. Let the word drunkenness be heard by any morally educated patient, instead of the softer and more fascinating terms of “soporization,” &c., and I will undertake that, however strong an advocate she may be of anæsthesia, the pains of labour, however severe, will be no inducement to her to seek a condition stamped by such immorality.

It would be tedious to notice even a portion of the very small arguments that have been employed in order to favour the use of anæsthesia in midwifery. To throw aside the objection, that labour pain being attendant upon a natural function, so it ought not to be interfered with, is met by such arguments as, that walking being a natural process, we ought not to ride on horseback or in carriages, or wear shoes; mastication and deglutition being natural processes, we ought not to aid them by the arts of cookery and dietetics; riding and railway travelling must be wrong, because it abrogates a natural condition of man, &c. &c. Such as these are the strongest arguments that can be brought forward in favour of the use of anæsthesia in midwifery; to the readers of this pamphlet, I feel an apology is due for having noticed them; for no one doubts the propriety of assisting nature in all things. Medical treatment does this in midwifery; shoes assist the process of walking, &c.; but there is this difference between the employment of anæsthesia and proper medical treatment, wearing shoes, &c., that by the former life is endangered and an immoral condition is induced, by the latter not.

The first case in which anæsthesia was employed in midwifery occurred at Edinburgh, on the 19th of January, 1847. A deformed woman of humble life was submitted to it during the extraction of the child, which required artificial assistance in

consequence of deformed pelvis. And, in order to show that there was no great difficulty owing to the deformity, it is only necessary to mention that the child was born alive; a circumstance demonstrating at once the fact that, in all probability, nature would have enabled the uterus to expel the child without assistance; and that the predetermination of the operator to turn it, was, in truth, the only reason for the operation. But in the course of the subsequent three weeks so much experience had been gained by Dr. Simpson relating to anæsthesia in midwifery, that, upon his representation, the following deductions were published in the reports of the proceedings of the Edinburgh Obstetric Society, all favourable to the use of it, and probably more or less forming a dangerous authority to the practitioners in the immediate neighbourhood of Edinburgh, for their future practice:—

1. That the inhalation of ether procured for the patient a more or less perfect immunity from the conscious pain and suffering attendant upon labour.

2. That it did not, however, diminish the strength or regularity of the contractions of the uterus.

3. That, on the other hand, it apparently, *more especially when combined with ergot*, sometimes increased them in severity and number.

4. That the contraction of the uterus after delivery seemed perfect and healthy when it was administered.

5. That the reflex assistant contractions of the abdominal muscles, &c., were apparently more easily called into action by artificial irritation, and pressure on the vagina, &c., when the patient was in an etherized state.

6. That its employment might not only save the mother from mere pain in the last stage of labour, but might probably save her also in some degree from the occurrence and consequences of nervous shocks attendant upon delivery, and thereby reduce the danger and fatality of childbed. And,

7. Its exhibition did not seem to be injurious to the child.

Now, these were the deductions contained in the reported proceedings of the Edinburgh Obstetric Society, formed from the experience of only three weeks' duration. But, to show how completely, without any adequate means of judging of the

matter, these inferences were arrived at, it is only necessary to mention that, from the 19th of January, 1847, to the end of September, 1848, when the last pamphlet of Dr. Simpson's was published, only one hundred and fifty patients had been delivered by him under the influence of the vapour of ether. Thus, upon distributing that number equally over the twenty months, it will be found that the experience from which these extremely dangerous inferences were drawn, was founded upon the induction of anæsthesia in the miserable number of only about seven cases of midwifery.

But let each deduction be considered, and it will be found that not a fact asserted in the whole is based upon even the shadow of a foundation. I will show that the inhalation of ether or chloroform does *not* procure immunity from the pain attendant upon labour, that is, if the labour is to be terminated by the natural efforts.

I will show that it does diminish the strength and regularity of the contractions of the uterus; which will also disprove the third deduction, namely, that it sometimes increases them. And I shall show—

That the contraction of the uterus after delivery is not always perfect and healthy.

I shall not attempt, however, to disprove the effect of the practice alluded to in the fifth deduction, because I have not in any way witnessed its benefits, nor do I believe in them. But

I will incontestibly prove that the employment of anæsthesia does not save the mother from the shock of labour, and that it does not reduce the danger and fatality of childbed, but that it increases it.

I will show also, that it probably *is* injurious to the child.

1st. To prove by Dr. Simpson's own doctrine that a perfect immunity from pain cannot be procured during parturition, I will quote what he has written concerning the use of anæsthesia in surgery. "Whatever means or mode of etherization is adopted," he writes, "the most important of the conditions required for procuring a satisfactory and successful result from its employment in surgery, consists in obstinately determining to avoid the commencement of the operation itself, and never venturing to apply the knife, until the patient is under the full influence of the

ether-vapour, *and thoroughly and indubitably soporized by it.*" The latter words are printed in italics in Dr. Simpson's paper; and to prove the necessity for the induction of this complete state in midwifery, he writes, in describing different labours, "two were in a perfectly unconscious and apathetic state during the operation (forceps), and for some time afterwards." This apathetic state, in my belief, rendering the operation necessary.

Dr. Snow has remarked:—"In full four-fifths of the cases in which he had administered the ether, there was not the least flinch or groan during the cutting by the surgeon's knife;" he considered cases of this kind the *only truly successful ones*; and he believed that with proper care every case might be of this nature. Where the patient exhibited signs of pain, although he might have no knowledge of it afterwards, the ether was only partially successful. A large number of the *so-called successful cases* were of this nature; cries and struggles could not depend upon the reflex function. "The patient felt pain, he had sensations with little or no consciousness, and consequently no memory of pain; as memory was the continuation or repetition of consciousness or of knowledge, and not of simple sensation." And he writes, "Some cases have indeed been met with, in which it is stated that patients felt no pain, although they had never lost their consciousness. I have never seen any such case."

Here, then, is evidence that there is no middle state which produces immunity from pain,—that nothing short of complete coma can render a person insensible to the suffering incidental to the use of the knife. But, it is said, it is not necessary to induce so deep a state of anæsthesia in midwifery, a less degree of narcotism will cause immunity from labour pain. The fact is, that patients were disinclined to be made so absolutely intoxicated,—they preferred a lighter degree of stupor, and they were met by the promise that they should not be carried to the very last extreme, that it was not necessary to do so,—for that the pains of labour were counteracted by a less degree of narcotism. Besides, dangers, such as are recorded in some of the following pages, were imminent, and it became known generally that the deeper the narcotism the greater the danger; people feared it therefore, and indeed refused to employ it in their own persons; a modification became necessary with the hope of preventing a rapid disuse of the practice;

and now it was said to be better, not only to produce a less degree of insensibility, but that, instead of, as had been boasted, the state of insensibility being kept up so that the patient “slept on during the day” for eight, twelve, or fourteen hours, or so that she fell into a “snoring sleep,” or, instead of her being “indubitably soporized,” she was now to be etherized only at the end of the first or the beginning of the second stage of labour,—having gone through all the extreme pain of the first stage,—certainly the period of labour causing most suffering in the majority of deliveries, with the exception of the first. How often do we find, that when once the os uteri is fully dilated, almost an immediate termination of the labour follows; and thus are accounted for those startling statements (to non-medical readers) of the rapidity of deliveries following the inhalation of ether or chloroform; which are thus described in many instances:—“The patient had been in labour three hours; she began to inhale at such a time, and her child was born in twenty-five minutes.” What is the true case? why, that she had gone through all the most fatiguing part of labour—she had suffered all the pain attending the dilatation of the os uteri, and just before the child was about to be born, inhalation was commenced, and it did not in the instances recorded prevent the expulsion of the foetus, although, if it had been given strongly, in all probability it would have retarded it. Patients, under these circumstances, express their gratitude for their speedy delivery, and of course believe that their pains would have been much enhanced, had not anæsthesia been employed. Then the world is told that the labour was now only twenty-five minutes in duration, while in the former, the first, it was as many hours!

But can a less degree of anæsthesia be required to prevent the pain of labour, than is required to control the pain of the knife? According to Dr. Simpson, certainly not. The following observations will set the question at rest:—

Much care has been taken to inform the world that the suffering during parturition, is “indescribable” is “agony,” “comparable to no other pains,” &c.; and no one for a moment will doubt their intensity; but how can it be possible for these “indescribable” pains—this “agony,” to be allayed by anything short of perfect coma, if the pain attending the cutting of the surgeon’s

knife is only controlled by the patient being “indubitably soporized?” for, according to Dr. Simpson, this pain of operation is so light that it is not “comparable” to the suffering from labour pain: the facts speak for themselves.

But there are other reasons for not inducing deep narcotism during labour; and in considering these, the second deduction will entirely be set aside, namely,—“That it does not diminish the strength or regularity of the contractions of the uterus;” and although this conclusion has been so readily arrived at, I will quote from the very pamphlet into which it is copied more than one contradiction to it. Thus, we read in the report* of the Edinburgh Obstetric Society:—“In two or three cases, Dr. Simpson had seen a very deep state of etherization modify apparently the full strength of uterine contractions, but they recurred immediately in full force when the patient was allowed to fall back into *a state of slighter etherization.*”

Dr. Simpson, in writing of the difficulties in exhibiting anæsthetic agents, states that there are two:—“Namely, to keep the patient in a state unconscious of pain, and yet not so deeply anæsthetized as to have the uterine action interrupted. For too deep a state of anæsthesia in general interferes with the force and frequency of uterine contractions.” . . . “And if at any time the anæsthetic effect is too deep, and the uterine action is, in consequence, impeded, all that is necessary is to abstain entirely from exhibiting the chloroform for a short time, till the parturient contractions have been allowed to come back to their proper degree of strength and frequency.” “When employing ether,” also writes Dr. Simpson, “I repeatedly saw cases in which the patients were thus only partially and not completely anæsthetized; where, in other words, they were not entirely asleep, but were aware of the presence of the uterine contractions, and sometimes experienced from them *sensations in some degree painful*, but of a very mitigated and blunted character.”

In these cases we have an example of pain mitigated, as compared with that attending former deliveries; and how frequently are such cases met with where no etherization has been employed. Now these patients of Dr. Simpson’s were not “indubi-

* Dr. Simpson’s Pamphlet.

tably soporized," and yet the pain was mitigated, a circumstance, it will be remembered, asserted to be impossible by the author of these cases, for he stated that the pains of labour were comparable to no other pain, and that the pain of the surgeon's knife was only to be allayed by a deep state of narcotism. Again, Dr. Simpson tells us, that in "common cases of parturition, the anæsthetic agent employed, whether chloroform or ether, does not in general require to be given in such large doses as in surgical practice." Again, "I can conceive it possible, that in some rare exceptional cases and idiosyncracies, the action of the ether or chloroform should even in such small doses as merely produce unconsciousness to pain, interfere, especially in the first stage of labour, too much with the muscular action of the uterus, and *require to be given up*, at least, till the labour be more advanced." In this paragraph we have abundance of argument against the use of anæsthesia in midwifery. In the first place, we have Dr. Simpson's authority for knowing that it will allay the action of the uterus, which totally throws aside the deduction arrived at—that it will not do so; in the next, it shows the reason why the discovery was made that "indubitable soporization" is not necessary to allay the pains of labour; and in the next place, it has at once shown me what facts have verified,—that there are but few women who at the present time really undergo the process of etherization during labour, who are really made insensible to any part of their sufferings; a little management and persuasion will make them imagine they are, and the comparative differences in the character of their deliveries will still further induce them to think so. A gentleman of high professional standing gives me an instance of the effect of persuasion under these circumstances. He writes :—"I was called upon to attend a lady in childbirth, who having read of the wonders of chloroform in the papers, insisted on its being administered to herself. Seeing no occasion for its use, I scattered a few drops of sal volatile upon her handkerchief, which answered the purpose very well."

"Such tricks hath strong imagination;
That if it would but apprehend some joy,
It comprehends some bringer of that joy;
Or, in the night, imagining some fear,
How easy is a bush supposed a bear!"

But what is the opinion of one of Dr. Simpson's own correspondents upon the subject,—his letter is quoted by Dr. Simpson. I allude to the letter of a young Russian physician, who was attached to the Westminster Midwifery Hospital, as a student, which is to be found in Dr. Simpson's last pamphlet, and whose general impressions are in favour of chloroform. In this hospital, during his residence there, anæsthesia was a good deal employed; but when it came to the knowledge of the gentlemen forming the committee of management, they placed on the minutes a resolution condemnatory of its use, and thus prevented the chances of mischief that might have arisen from it. Dr. de Harttman writes thus: "All the cases were, with few exceptions, observed with the greatest care; and both the duration, the frequency, and the nature of each uterine action, both before and after the chloroform was exhibited, were marked down. Thus I find, by comparing all my annotations arranged in tables, that during the full effect of chloroform, the uterine contractions became less frequent, and I should say less powerful; but when the effect had passed off a little, they then became more frequent and shortened in duration."

But perhaps the most marked evidence of the ill-effect of these agents, is to be found in the praises bestowed upon it by authors; it is said that the operation of turning is so much more readily performed when narcotism is employed, owing to the "relaxation of the passages;" and that "this state of relaxation and dilatibility renders the process of the artificial extraction of the infant through these passages, alike more easy for the practitioner, less dangerous for the child, and more safe for the structures of the mother." Now, I will ask how it can be asserted that the action of the uterus is in no way impaired by the use of chloroform or ether, when one of its effects is to render the introduction of the hand into the uterus easy, and to make equally easy the process of turning the child.

A case has been related to me as occurring in London, in which a patient being in labour, and chloroform being employed, a total cessation of the uterine action occurred. The attendant who had administered the agent was most confident of its success, but the friends of the patient were otherwise; and as the labour was protracted much beyond the duration of all her former

deliveries, a second opinion was desired; and immediately upon the state of etherization being allowed to pass off, uterine action commenced, and in a few minutes the foetus was expelled.

Mr. Banner* mentions that "there is one class of cases in midwifery in which chloroform ought not to be administered, and that is when instruments have to be used; unless the head is so far advanced that the forceps can be used with exactness, and without any risk to the mother. Men are not all equally clever and expert in the application of the forceps; and much injury has been avoided by the patient's expressions of pain when there has been a wrong application of them." "A writer of much celebrity," adds Mr. Banner, "after an extensive practice of forty-years, says, should much pain be experienced by an attempt to lock the blades when well applied, as regards their position, we may be pretty certain a portion of the neck of the uterus is included in the grasp of the instrument; we must inquire on which side of the pelvis the pain is felt, and withdraw the blades from it and introduce them anew." By depriving the patient of sensation, we take away a great guide to the correct application of the forceps.

The following cases are recorded by this writer:—"Mrs. A—æ. 27, was taken in labour with her first child—her medical attendant is a surgeon of great experience, and has obtained a deservedly high professional reputation. At the request of the patient, chloroform was administered, and she was kept under its influence for several hours, when the action of the uterus ceased, and it was considered necessary to use the forceps. The delivery was effected. On recovering from the effects of the chloroform, the patient complained of much pain. In a few days she died. The autopsy exposed a laceration of the neck of the uterus, and considerable injury to the vagina—the parts were sloughing." *Vide post.*

Concerning the other case, Mr. Banner writes: "A patient of mine determined to have chloroform administered during the delivery of the first child, which I could not consent to use in her case; consequently she placed herself under the care of Dr. —, of Edinburgh, a great chloroformist. She was 38 years of age,

* Med. Gazette.

and of delicate frame. In the third month of utero-gestation, a tumour* was discovered in the iliac fossa, which was slightly painful when handled. It was of the size of a large orange, &c. The delivery took place at the full period. The labour was tedious, extending over fifteen hours. During the latter six she was kept under the influence of chloroform, and had in the end to be delivered with the forceps. For some days the case seemed to be going on well, when the patient complained of pain in the abdomen, and had the usual symptoms of peritonitis: on the ninth day she died. The autopsy disclosed the fact that the neck of the tumour had been lacerated: there was effusion of blood into the pelvic cavity, and peritoneal inflammation. Dr. ——— is of opinion that the laceration took place some days after delivery, caused by the strain from the weight of the collapsed uterus. It appears to me that the tear took place at the time of delivery; and was occasioned either by the natural action of the uterus, or, what is more likely, by the strain caused by the manipulation with the forceps. The tumour was attached by adhesions to the peritoneal cavity of the parietes, and the abdomen above the anterior superior spinous process of the ileum; and by a neck or pedicle to the peritoneal covering of the uterus, which was found all but torn through. This attachment had been very considerable.”

The question arises, would these patients have lived had not the use of the forceps become necessary, owing to the effect of the chloroform in paralyzing the uterine energies?

The same writer continues:—“ I heard of a case of a physician of this town (Liverpool), when, after using the chloroform (I believe) nine hours, the uterine action became suspended; so much so, that it was thought advisable to apply shocks from a galvanic battery, which had the desired effect.”

Again he says, “ My friend, Mr. Harris, who has had considerable experience in the use of chloroform in midwifery, informed me that in one case, after using it eight hours, the uterine action became suspended; he very judiciously discontinued its application, when in a short time the pains again recurred, and delivery was effected without its further use.”

In two cases I was myself obliged to deliver with the forceps,

* Vide Letter of Dr. Simpson to Dr. Collins.

in consequence of the total paralysis of the uterus, the effect of chloroform. The labours were natural—there was no impaction, but the foetal heads were stationary. The delivery was free from any difficulty. There was no doubt that the uterus would have been well able to have caused expulsion of the foetuses if it had been uninfluenced by the chloroform.

Then let it be considered why it was necessary to employ artificial delivery in so many cases at the Edinburgh Maternity Hospital, as reported by Dr. Simpson. Of ninety-five cases of midwifery, seven were terminated artificially. Of these, one was a delivery by means of the short forceps; two by the long forceps. One of the women who required the latter died, from sloughing of the passages, owing to the long impaction of the foetal head. There were four cases of version, one of the mothers dying from rupture of the uterus. Now, the usual average of artificial delivery is about one in eighty cases; there must be therefore some cause for this excess of artificial delivery, and what may it fairly be attributed to?—I think to the use of chloroform. There were no less than three cases in which delivery by the forceps were necessary—why? because the uterus had not power, owing, it may surely be supposed, to the influence of chloroform, to accomplish that which, had it been uninfluenced by this agent, it would in all probability have succeeded in doing by its own unassisted efforts. If not, many more women delivered in the Maternity Hospital of Edinburgh, require artificial assistance than in hospitals elsewhere. One woman died, it will be remembered, from sloughing of the passages, a cause of death not often met with,—would that woman have died had the natural efforts of the uterus been left uninfluenced by the chloroform.

Then there were four cases of version. Now, if all the hospital reports, or the reports of private practice, were searched throughout, no such number of cases requiring the operation of turning would be found to have occurred in even twice or three times the number of midwifery cases, that these four cases occurred in. It is evident they could not be arm presentations; at least the great number of them would cause such a belief; and I can only account for the necessity of turning, by supposing that the method of treating cases in which the pelvis is supposed to be contracted, recommended in Edinburgh, was here carried into

effect; that in fact the uterus being paralyzed by chloroform, was unable to expel the foetuses; and that turning was had recourse to upon the supposition that the pelves were deformed. I only suggest this opinion, of course I have no positive evidence of the fact; but if it is correct, how completely does it militate against the use of chloroform! And when I state that three of the children out of the four extracted by turning were born dead, not much advantage will be thought to accrue from this mode of treating such cases.

But one woman of the four died from rupture of the uterus. Now, I think too well of the experience of the two gentlemen who signed the report published in Dr. Simpson's pamphlet, to believe that any want of skill was evinced in the act of turning; I can only therefore feel sure that more liberty is taken with the hand in the uterus when the complaints of the woman are absent; and that action of the hand in turning the foetus was unduly exerted in this instance, because it was uncontrolled by the cries of the patient—upon the supervention of uterine contraction, occurring probably at the moment the effect of the chloroform was just passing off.

But I cannot help observing that it seems remarkable to find this case of rupture of the uterus the effect of the operation of turning, recorded in the very pamphlet in which we are told that "This state of relaxation and dilatability renders the process of the artificial extraction of the infant through these passages alike more easy for the practitioner, less dangerous for the child, and more safe for the structures of the mother." I am surprised at this the more too, because in my own experience, and in that of a vast number of my professional brethren in London, rupture of the uterus in delivery by turning, although perhaps liable to happen, is of very rare occurrence; indeed I never witnessed it myself. It seems by the report, that in fifty other deliveries without chloroform, no artificial interference was necessary, and no woman died.

But do the passages yield under the effect of chloroform as described? If in some, certainly not in all cases. For in the report of Dr. de Harttman of the cases of the Westminster Lying-in-Hospital, he writes, "The supposed relaxation of the soft parts seems to me at least uncertain and accidental. In two cases in

which I thought the chloroform had very much relaxed the rather rigid parts, I had, notwithstanding, rupture of the perineum." Now, rupture of the perineum is not an every day occurrence; how, therefore, is it possible to account for the supervention of this accident twice in twenty-five cases, under the use of chloroform?

A case reported * by Dr. Protheroe Smith shows indubitably the effect of etherization in making natural into difficult and instrumental cases; it shows either that the passages do not yield, as has been asserted, or that the power of the uterus is paralyzed by etherization. A lady, aged 40, her first labour, was first taken ill at half-past twelve, a. m.; "the premonitory pains increased in severity until three a. m., when they became regular. At five a. m. the intervals became shorter, the uterine contractions coming on every ten or fifteen minutes, and the suffering they occasioned, even at this early period of the labour, was very considerable." "At eight a. m. the os uteri," writes Dr. P. Smith, "was the size of half-a-crown; the pains were frequent and energetic, till four p. m., when they were *strong and expulsive*," bowels open, tongue moist and clean, perspiring profusely; vagina cool and well lubricated, os uteri dilated to the size of the rim of a tea-cup. The head rested on the floor of the pelvis; the membranes were entire and distended; "they protruded through the opening, the margins of which *were rapidly yielding*." The uterine structure was soft and dilatable. At a quarter past four, the inhalation was begun. Eight ounces of pure ether were subsequently given; the effect was continued until half-past six, at which time the progress of the foetal head was stopped, and forceps were actually obliged to be employed for the extraction of the foetus.

It would be impossible to describe a case progressing so favourably as this was doing up to the very moment of the inhalation of ether; the age of the patient would have necessarily caused some anxiety as to the probable length of the labour; but there seems not to have been a single drawback to her well-doing, and no one reading the history of the case can doubt for a moment that, except for the exhibition of ether-vapour, the labour would have terminated with equally favourable symptoms that had shewn

* Lancet.

themselves up to a quarter past four p. m., when the inhalation was begun.

This case also gives evidence that it is not easier, as has been asserted, to employ the forceps on a person etherized than in one not under such influence; for it is stated that "some difficulty was experienced in consequence of the forcible extension of the patient's legs."

I think I have here proved by unanswerable evidence, that etherization cannot ever produce a painless labour, and that it *does* influence the action of the uterus to a degree sufficient to retard, and even to stop, the progress of the labour.

The third deduction which is reported to have been drawn speaks for itself; its wording is a sufficient proof that what is attempted to be maintained by it is contradicted by facts. It is reported that "it (inhalation of ether) apparently (*more especially when combined with ergot*) sometimes increased them (the uterine contractions) in severity and number."

It is scarcely necessary to remark upon this conclusion, for I believe all those who have used chloroform or ether, and even those who advocate its use, have ceased to assert that the uterine contractions are increased by them, and the remarks I have already made in noticing the preceding deduction, will principally answer this one. But I must refer to one circumstance which has occurred to me in reading this third resolution: it is, that the uterine contractions are increased, "*more especially when combined with ergot.*" Now I will ask why, if they were increased by ether inhalation, was ergot ever given at all? for no one doubts the effect of ergot on the uterus, and it therefore really seems almost absurd to say that when combined with ergot, the contractions are increased; for if no ether had been administered, and ergot had been given, they would still have been increased. The giving ergot indicates that some reason existed for giving it; and it would be inferred that there was some flagging in the uterine action, which no doubt there was, owing to the effect of the ether-vapour.

To contradict the statement that the contractions of the uterus *after* delivery, when ether or chloroform has been used are not interfered with, I have many instances on record, but space will not permit me to quote them; and as the ill effects, in this re-

spect, are not to be compared in importance to others that frequently occur, and to which I will presently refer, it does not become necessary to allude to them more particularly, but the general opinion given to me in the comparatively few cases of midwifery in which chloroform and ether has been used, is that the uterus does not become completely contracted after delivery. Cases have been mentioned to me about which there has been much apprehension, on account of this partial contraction, and others in which the placenta has been retained. And to show that the mother is not saved from the shock attendant upon delivery, I have only to refer to the fatal cases and casualties resulting from anæsthesia, recorded hereafter, and to remark, that allowing fatality from shock to be prevented by it, yet from other causes is fatality increased; but, except in bad midwifery practice, which permits difficult labours to continue too long before assistance is afforded, I do not recognise this shock to the system, which seems by anæsthetic authors to be so much dreaded.

The seventh reported deduction is, that the exhibition of ether does not injure the child.

In a former pamphlet I expressed an opinion respecting the effect of the mother's use of narcotism during labour upon the child. This was at once a stimulus to an inveterate attack upon me, but time has proved the correctness of my views and the falsity of the counter statements. Baron Paul Dubois has remarked :*—"As to the action of ether on the child, who can doubt that a substance so easily diffused as we know ether to be, —who can doubt that, when we know this substance is absorbed into the mother's system through a surface large and active like that of the respiratory organs, but it may pervade the child's system also by means of those vascular communications existing between the mother and itself, and affording to absorption a surface which certainly does not yield in extent to that of the whole respiratory organs themselves?"

M. Cardan related to the Academy of Science of Paris, the case of a woman who inhaled ether at the sixth or seventh month of pregnancy :—"After one or two inspirations the infant made some struggles and convulsive movements very painful to the mother; these movements became more violent, and succeeded

* Lancet.

each other with greater rapidity, in proportion as the ether became absorbed; but as the mother grew insensible at the same time, she evinced only a vague kind of consciousness; when the mother recovered herself from the effects of the ether, she complained of pain in the uterine region, such as might arise from blows or bruises."

It was first asserted by Dr. Simpson, that the foetal circulation was decidedly accelerated; but in subsequent publications, in contradiction to what I had written, he as distinctly avers that there is no alteration in the pulse. But M. Cardan states that "the heart of the foetus" (in the case just alluded to) "beat with extreme rapidity, so that the individual pulsations could scarcely be distinguished, it might be said indeed to be a constant tremor." "The placental bruit lost its simple continuous character, and took place in fits, which varied according as the strugglings of the foetus were more or less rapid."

Baron Paul Dubois* relates a case, and he says, during the period of insensibility I had laid my ear on the abdomen, and counted the foetal heart beating 160 times in a minute: very soon after the woman had recovered her senses, I found but 140 pulsations, and two or three minutes later they had come down to 136, the normal rate." This was in a natural and not a protracted labour.

The same author, in referring to another case, writes:—"The child was living, the cord beat 160 times per minute; but a few minutes after the birth the pulsations of the child's heart fell down to their normal state, from 136 to 130 per minute."

Dr. Murphy† found a child asphyxiated.

When the use of ether-vapour in midwifery was first introduced I was induced to administer it to some of my own patients, both in private and in hospital practice; being led to do so by the favourable reports I had read of its use, and my having then witnessed its exhibition for some little time in surgery, and being ignorant at that period, moreover, of any of its consequences, and I was present at the birth of a child to whose mother I had administered ether, which was at first to a certain extent asphyxiated, but it apparently recovered for a time, and then again relapsed, and died within twenty-four hours of its birth, with all the

* Lancet.

† Med. Gaz. vol. xxx.

symptoms of thoracic effusion. The pericardium in this child was found filled with serous fluid. Now, when we know how much the heart's action is accelerated, when we have undoubted evidence of this fact, so undoubted that all the contradictions of it are quite put aside, may we not reasonably infer that the effusion resulted from the heart's increased action in this case?

Dr. De Harttman states, that at the Westminster Midwifery Hospital two children out of the twenty-five born while the mothers were narcotized died. Another was born in a state as if intoxicated: "it breathed less frequently and more abruptly than usual, the sound of its scream being rather singular." "Of the two children who died, the first was rather weak and thin, but continued pretty well till the seventh day, when it got peritonitis, and died on the tenth day after birth. The second, a large and fat child, died four hours after birth; in this case, when the head was born, I observed around the neck small blue spots, which I found to be blood extravasated under the chin. After birth the same kind of spots began to appear over nearly the whole of the body." . . . "By the post-mortem examination the spots were found to be blood extravasated from the capillary vessels of the skin; a large quantity of half-coagulated blood was found in the cavity of the peritoneum, and small blood coagula in both lateral ventricles of the brain." A note is placed under these very able descriptions of cases by Dr. De Harttman, written by Dr. Simpson, endeavouring to prove that this was a case of purpura; but no one will doubt that this state, coupled by cerebral effusion, arose from the effect of chloroform, and not from any other cause.

Let me again refer to the cases in the Maternity Hospital of Edinburgh; and here we have a frightful mortality amongst the children. There were ninety-five born, and out of these there were no less than nine still-born children; and yet after having detailed the circumstances attending ninety-five deliveries under chloroform, out of which three women were lost and nine children; and after also stating, that there were upwards of fifty other women delivered from circumstances without chloroform, in which it would seem no casualties occurred either to the mothers or children,—the authors of this report make the remark, "that on the whole, the results of anæsthetic midwifery, as observed by us in the hospital, have been perfectly satisfactory."

It is unnecessary for me to observe, that although it may be so to these gentlemen, and we can only be glad that it is so, yet that to others their report is not encouraging, as regards the employment of anæsthesia in the practice of midwifery.

I think I have put forward quite sufficient evidence to prove that my prognostications concerning the effect of narcotism of the mother upon the child, were not unfounded; and I do not hesitate to assert, that it is my full conviction that we shall still hear of more casualties happening to them before the use of anæsthesia in midwifery has quite been relinquished. Unless, indeed, all people do, as I verily believe those do who have identified themselves with it in practice, administer it in so trifling a degree that neither will the mother be relieved from pain by it, nor will the child be in any way injured by it. That the children must necessarily be influenced by the inhalation of ether-vapour by the mother, is made evident, not only by the facts above stated, but by the circumstance that in many instances there has been a strong smell of ether in the children for some time after birth.

I am led to think that there has been derived from facts enough experience to prove the incorrectness of each of the deductions which the report of the proceedings of the Edinburgh Obstetric Society contained. The foregoing evidence, although but a small portion of that which could be brought forward, is nevertheless sufficient to show how little to be esteemed are these conclusions, which were arrived at and published after only three weeks' experience of the action of anæsthetic agents in midwifery.

I will now refer to the subject of the dangers and difficulties attending the use of anæsthetic agents, and it is necessary that I should first describe the degrees into which the effects of anæsthetic vapours are marked out by Dr. Snow. He divides them into five degrees:—

“In the first, there is exhilaration, or altered sensations of some kind; but the patient still retains consciousness and volition. In the second degree, the mental faculties may still be performed, but only in an irregular manner: there may be ideas of a dreaming kind, and voluntary efforts in accordance with them; or the patient may be passive. When mental excitement occurs, it is chiefly in this degree in which the functions of the cerebral hemispheres seem to be impaired, but not yet abolished: In the third degree, these functions appear to be totally suspended; but those of the spinal cord and its nerves still continue to some extent. In the fourth degree, no movement is obvious,

except that of respiration, which is unaffected by external impressions, and goes on regularly, though often with snoring, or even some degree of stertor. It would seem that the whole nervous centres are paralysed* by the vapour, except the medulla oblongata. In killing animals with vapours, I have observed the breathing to be difficult, or feeble, or otherwise impaired, before it finally ceased. This stage I call the fifth degree."

In the objections that I have from time to time urged against the use of anæsthesia in midwifery, I have stated reasons for refraining from its employment, founded upon all the four first degrees; I have expressed my objections under two heads, those of a moral and those of a medical character. I have compared the first degree to the excitement consequent upon the imbibition of spirituous liquors. My views in regard to the intoxicating effects have already been noticed in a former page, and I have quoted the words of Dr. Meigs, of Philadelphia, who, referring to chloroform, writes:—"I see in the anæsthesia it superinduces a state of nervous system in nowise differing from the anæsthetic results of alcoholic potations, save in the suddenness and transiency of its influence:" but the following graphic description of its effect in producing downright intoxication, will be both decisive and amusing. It is from the pen of Mr. Miller, Professor of Surgery in Edinburgh:—

"Late one evening, it was the 4th of November, 1847, on returning home after a weary day's labour, Dr. Simpson, with his two friends and assistants, Drs. Keith and J. M. Duncan, sat down to their somewhat hazardous work in Dr. Simpson's dining-room. Having inhaled several substances but without much effect, it occurred to Dr. Simpson to try a ponderous material which he had formerly set aside on a lumber table, and which, on account of its great weight, he had hitherto regarded as of no likelihood whatever. That happened to be a small bottle of chloroform. It was searched for and discovered beneath a heap of waste paper. And, with each tumbler newly charged, the inhalers resumed their vocation. Immediately an unwonted hilarity seized the party,—they became bright-eyed, very happy, and very loquacious, expatiating on the delicious aroma of the new fluid. The conversation was of unusual intelligence, and quite charmed the listeners—some ladies of the family and a naval officer, brother-in-law of Dr. Simpson. But suddenly there was a talk of sounds being heard like those of a cotton-mill, louder and louder; a moment more, then all was quiet, and then a

* Dr. Snow has modified in some measure this theory in a more recent pamphlet.

crash. On awaking Dr. Simpson's first perception was mental. 'This is far stronger and better than ether,' said he to himself. His second was, to note that he was prostrate on the floor, and that among the friends about him there was both confusion and alarm. Hearing a noise, he turned round and saw Dr. Duncan beneath a chair, his jaw dropped, his eyes starting, his head bent half under him, quite unconscious, and snoring in a most determined and alarming manner. More noise still, and much motion, and then his eyes overtook Dr. Keith's feet and legs, making valorous efforts to overturn the supper-table, or more probably to annihilate everything that was on it; I say more probably, for frequent repetitions of inhalation have confirmed, in the case of my esteemed friend, the character for *maniacal* and unrestrained destructiveness always under chloroform in the transition stage. By-and-bye Dr. Simpson having regained his seat, Dr. Duncan having finished his *uncomfortable* and *unrefreshing* slumber, and Dr. Keith having come to an arrangement with the table and its contents, the *sederunt* was resumed," &c.

Let me ask, could drunkenness from spirituous liquors be more complete?

As to the dreams that occur in the second degree of inhalation, I may mention that in a former pamphlet, after having stated that there was evidence of sexual excitement in some of those who had been etherized, I wrote thus:—"The facts here alluded to, I do not think it right to relate in detail. It is sufficient to say, that they are unfit for publication in a pamphlet that may fall into the hands of persons not belonging to the medical profession. I will assure those readers that they would create disgust unequalled by any other occurrence in life; and that the bare thought of their relatives or themselves (if females) having been subjected to such revolting influences, would make them afterwards almost shrink from the observations of the world."

To this an anonymous reply was made in the *Edinburgh Monthly Journal*, that no such thing as these dreams had ever occurred, except in women who had just previously been indulging in indecent conversation; showing certainly that the author of this calumny upon the women of England held no great estimation of their virtues, at the same time that it evidenced a feeling at variance, I venture to assert, with that entertained by any one who has had the opportunity of becoming cognizant of their habits, and of knowing that

"The very ice of chastity is in them."

But, in the same reply, these dreams were attributed to other

causes, the writer forgetting that he at first had totally denied their occurrence !

The facts recorded presently regarding these dreams, will make manifest the truth of my former observations, and will throw back upon those through whom

“Many worthy and chaste dames, even thus (all guiltless) meet reproach ;”

—the shame that they would willingly bring upon others. But it is necessary to make a few remarks in order to explain in what way these dreams arise.

Mr. Banner, in noticing the effect of anæsthetic vapours on women of a nervous temperament, remarks :—“In such, hysteria and incoherency may come on, which in an operation, to say the least of it, would be attended with much unpleasantness.”

There are two distinct causes of these dreams ; one, arising from the effect of irritation, consequent upon etherization, of the cerebellum ; the other, upon the excitement incidental to the manipulation of the sexual organs in operations upon those parts, or to the presence of the foetal head within the pelvis.

Regarding the first cause, I may say, that any irritation of the cerebellum, whether arising from the pressure of distended blood-vessels, tumours, an apoplectic clot, or other circumstances, will be productive of sexual excitement. And in a most important discussion at the Royal Medical and Chirurgical Society of London, on the 13th of this month, a report of which will be found in the medical journals, this fact was made clear, not only by the observations of the eminent physiologists present, but by a case the subject of the interesting paper under discussion.* In that there was apoplexy of the cerebellum causing death ; but the post-mortem examination showed that, in addition to the recent clot, there had been a previous escape of blood at the same part, and at an earlier period. The symptoms indicating the occurrence of the first extravasation, manifested themselves on the last day of April, 1847, when the patient fell upon getting out of bed, and became sick and faint. Early in May, his wife mentioned that he had become subject to a constant desire for sexual intercourse ; that his conduct in this respect

* By Mr. Dunn.

was very different from what it had been before his late attack. By the advice of the author of the paper, he left home for about three weeks without his wife. On his return the desire for sexual intercourse had abated, and from this time was gradually lost. He was subsequently seized with a second attack, and shortly afterwards died.

Dr. Marshall Hall expressed doubts, and explained facts concerning his doubts, as to the seat of the sexual passions being in the cerebellum; he thought it was in the medulla oblongata, but still, he observed, that if the median lobe of the cerebellum was irritated, it would necessarily communicate the irritation to the medulla; so that, in fact, as regards the ultimate effect, it matters not whether the irritation is directly applied to the medulla, if that is the seat of sexual desires, or the middle lobe of the cerebellum. Dr. Marshall Hall evidenced partial and complete strangulation, as a proof of the effect through the medulla of causing sexual excitement, with erection, emission, &c.; and he stated that the profligate sensualist had made use of partial strangulation for the purpose of creating sexual excitement.

Dr. Carpenter mentioned a case in which a man, advanced in life, became the subject of satyriasis to such a degree, that he would even practise masturbation in the presence of females—his own sister, for instance; and after death a tumour was found, of the size of a split pea, in the pons varolii. Here, then, is ample evidence of the fact, that irritation of the cerebellum will produce sexual excitement, and it is irritation, caused by the distension of blood-vessels in the cerebellum, that gives rise, in some cases, to indecent dreams, and actions in accordance with them, when persons are under the influence of chloroform. The similarity of effect between chloroform and disease, will be shown by again referring to the case related by Mr. Dunn; in this, the sexual passions, having been highly excited to a degree perfectly unusual in the subject of them, were subsequently rendered powerless and altogether lost. Now, I have in my possession the letter of a gentleman of high reputation, who writes:—

“I might here allude to a letter which I received some time since from Mr. —, of —, who tells me:—‘In four cases I have to notice a singular effect produced by chloroform—it was a total deprivation of the sexual ap-

petite ; in one case this loss of power continued upwards of six weeks, in another two months, in the other two about a fortnight ; in one case the power has not yet completely returned.' ”

This was the effect probably of excessive excitement of these powers, giving rise subsequently to a prolonged want of energy.

In illustration of the influence of chloroform upon the cerebellum, I may mention that a physician in extensive practice among lunatics in London, probably the most extensive practice, told me, in an accidental conversation at the house of a patient where we met, that the use of chloroform had been most frequently tried by him in cases of all kinds where the intellect was diseased, and that it had been found serviceable in some instances, but that in all cases in which the malady was attended by sexual excitement *there was invariably an increase of the symptoms.*

With respect to the other causes of sexual excitement, it may be observed that a person under the partial influence of ether or chloroform-vapour, will dream of any part of the body that at the moment is irritated ; and if the hand or the foot is the part excited, the patient will dream of the one or the other of these parts ; and thus, if the sexual organs are the parts operated upon, this will be a cause of sexual dreams, as will also the presence of the foetal head in the pelvis ; and this latter fact has been ably called to notice by Dr. Tyler Smith,* who naturally expresses his abhorrence of any practice which gives rise to sexual excitement in the mother, that excitement depending upon no less a cause than the presence of *her own child* within the pelvis. He writes, moreover, that only in the very lowest order of the creation are sexual desires manifested by the females during the actual time of their giving birth to their young ; he thus most justly argues, that etherization during parturition causes the human female, under those circumstances, to “approach to the level of the brute creation.” He adds, “Chastity of feeling, and, above all, emotional self-control, at a time when women are receiving such assistance as the accoucheur can render, are of far more importance than insensibility to pain.”

There are not many men practicing their profession, I should

* Lancet.

think, who, in contemplating these consequences, would urge the employment of anæsthesia in midwifery.

But, it is said, these dreams only occur under a partial state of etherization; if you place the patient further under its influence, she no longer dreams; it has, however, already been shown that to do this in midwifery practice is impossible, for the two reasons, that a deeper state retards the uterine action, and, at the same time, causes danger which the most bold practitioner now admits to be present. Then it has been reported that these dreams only occur in prostitutes; a fact not at all true, but, if it were so, it would, I think, be a stronger reason still for abstaining from the use of ether in less depraved women; for if a prostitute, who may be supposed to be callous to sexual excitement, becomes thus influenced by ether inhalation, how much more likely are those to be so, whose desires have not been deadened by prostitution; and how revolting to contemplate is the idea—that any young and chaste woman should be so influenced, as to bring her to a condition debauched even to the extent of a prostitute!

But to evidence how completely vague and without foundation is this assertion, that prostitutes only are thus influenced, I will mention that numberless instances have proved that prostitutes have made use of religious exclamations,—that the most vicious persons have been tamed into submission apparently in thought and action; and, on the contrary, the meekest, most chaste, and harmless individuals have dreamt, and exhibited by external demonstration their impressions, in the most indecent, blasphemous, and violent conduct. Blasphemous language has been used by patients etherized in Edinburgh, as mentioned at the meeting of the Medico-Chirurgical Society of that city; and, it was argued that this could not be a reason for abstaining from the use of anæsthesia in surgery; to which I entirely agree, for in surgery life is to be preserved by it, and the effects can be carried further, so as to induce a deeper state of narcotism; not so, however, in midwifery,—life is not in danger from the pain of labour, and the narcotism cannot be increased without arresting the efforts of the uterus.

But the admission of the occurrence of these dreams at Edinburgh is curious, after its having been asserted that no dreams of any kind ever occurred there.

In further corroboration of the facts I have stated, I will make the following quotations from different sources, and no one will possibly make accusation afterwards that I and others had no ground for alleging that these dreams occur.

Mr. Banner* records the case of

“A powerful young lady, who, having been under the influence of chloroform, and under the hands of the dentist, suddenly sprang forward, and seized the unfortunate operator round the neck, and held him there so tightly, that it was with difficulty he could be disengaged. This was followed by crying, sobbing, and the usual accompaniments of hysteria, and she had to remain a considerable portion of the day in the dentist’s room.”

Mr. Spencer Wells, (Medical Gazette,) who has seen one hundred cases of narcotism from ether and chloroform vapours, states :—

“The sensations described by different persons were extremely various ; generally there was some heat in the mouth and difficulty of breathing, followed by vertigo, and conscious loss of muscular power, preceding insensibility. By some, *pleasant dreams, indescribable but delightful sensations*, rapid flights through the air, gorgeous visions, and unearthly music, were described in glowing language ; by a few others, a sense of great oppression, resembling night-mare, was complained of.”

Baron P. Dubois (Lancet) :—

“After the expulsion of the foetus, the mother thanked me mildly for the relief I had afforded her. When I asked her how she felt—if she remembered what had passed? she answered, she felt very well, and that she had dreamt. ‘What did you dream of?’ was my question ; but the patient turned her face aside with a smile, the peculiarity of which having drawn my particular attention, I renewed my question ; but, on her again having refused to let me know the nature of the dream, I had recourse, in order to ascertain it, to the intermediary communication of a respectable person of her own sex, and who was present at the operation of inhaling ether. To the same question being renewed, she answered, she had dreamt she was beside her husband, and that he and herself had been simultaneously engaged, going through those preliminaries which had led her to the state in which we now beheld her.”

Dr. Tyler Smith (Lancet) :—

“One extraordinary circumstance relating to this subject must not be forgotten, namely, the occasional excitement to the sexual passion in patients

* Med. Gaz., March 30, 1849.

under the influence of ether. In one of the cases observed by Baron Dubois, the patient drew an attendant towards her to kiss as she was lapsing into insensibility; and this woman afterwards confessed to dreaming of coitus with her husband while she lay etherized. In ungravid women, rendered insensible for the performance of surgical operations, erotic gesticulations have occasionally been observed. And in one case, in which enlarged nymphæ were removed, the woman went unconsciously through the movements attendant on the sexual orgasm in the presence of numerous bystanders. Sexual excitement has also been observed in the male subject."

In a Review of Dr. Snow's pamphlet on the use of chloroform and ether, by the *Lancet*, it was observed,—

"He" (the author) "then adverts to the excitement occasionally brought on, but which he believes may always be overcome by persevering with the inhalation."

And in referring to the prompt recovery described by Dr. Snow, the reviewer writes:—

"But, although such success has attended Dr. Snow, cases have been observed by others, and some are recorded where recovery has not been so prompt." "We should like to have seen such cases alluded to and considered, and under the head of circumstances occurring during etherization, to have had a more complete account than is furnished of such; for many are omitted, as, for instance, the excitement of the generative faculty, which has many times been noticed."

In a letter addressed to me by a physician in Sussex, it is stated:—

"Sexual excitement occurred in two cases, (females,) strongly marked in one, a girl of about 15 or 16, who, whilst under the influence of the medicine, caught a gentleman round the neck, and kissed him repeatedly."

The above case bears a resemblance to one that has been mentioned to me as occurring in Scotland, in which the patient in a fit of excitement during labour, and while influenced by chloroform, threw her legs round the body of the medical attendant.

I am told in a letter from the north of England:—

"It affects the patients in different degrees; in some it causes furor and uncontrollable delirium; in some the most pleasurable sensations. Some sleep quietly; some laugh, some sing—aye and well too; some cry, and some—as in the case of a veteran, who saved his arm at Waterloo only to lose it under Galen, 'fight their battles o'er again,' under its influence. The medical men in private practice in this town are afraid to risk their repu-

tation by its use ; for though they would willingly employ an anæsthetic agent, were it safe to do so, few like to run the chance of a casualty occurring under their superintendence. They argue very properly that it is impossible to paralyze one set of nerves without affecting those of the heart and brain."

Extract from a letter also from the north :

"I have, in one case of fistula in ano in a female, observed that it excited the sexual portion of the nervous system (as evinced *by strange exclamations during the operation*) ; but whether this direction of its influence arose from the operation, or belonged to the specific influence of chloroform, remains to be considered.

"My friend, Mr. —, of —, near —, informs me that his objection to chloroform is, that his patients in midwifery complained that during its influence a sexual orgasm was the result."

In a report kindly sent to me by Mr. Allen, of the Haslar Hospital, who already has made a similar official statement, it is related,—

"In two cases of stricture, the ether produced lascivious feelings ; and I had a difficulty in convincing both gentlemen that women had not been in their rooms. In both cases, bougies were kept in the urethra for about ten minutes, and certainly with very decided advantage."

Then, in writing concerning an amputation, he states :—

"He was insensible in about four minutes, and began to sing, 'The girl I left behind me ;' occasionally laughing loudly during the operation. For eleven days he was much disturbed in his sleep, with a pulse at 130, and suffered from repeated perspirations, and frequent rigors, followed by no suppuration in any part of his body, and was an unusual time in gaining his strength."

Another writer mentions the case of a woman of 40 years of age, who, after the use of chloroform, remained, as she termed it,—

"'In a fuddled state,' for nearly an hour, and was evidently under sexual excitement."

Another writes, in answer to my inquiries,—

"One unpleasant effect is, that the patient becomes loquacious at certain stages of the inhalation, but the remarks made must go for nothing, as not being guided by reason."

A young married Scotch woman, who was to have an ovarian cyst removed in a London Hospital, was sexually excited by etherization ; she made many amorous exclamations, and was in such a

state of hysteria that the operation was not performed. This was the second time the same effect had been produced on the patient, and in her the practice proposed was out of the question, viz., that of persisting more completely in the anæsthesia—for its influence could not be made to go further. She afterwards confessed to the nurse, that the dreams were the same as those described in the case of Baron Dubois. The patient was an especially respectable person.

At the Middlesex Hospital, a patient of low character exhibited the frightful effects of inhalation in the sexual functions; and Mr. Hancock stated at the Westminster Medical Society, that he had witnessed most revolting scenes, owing to the inhalation of chloroform as well as of ether, in women whose sexual organs were the parts operated upon. An instance of the peculiar effects of chloroform inhalation was related to me as having occurred in Scotland, and I heard of it by more than one person:—A young lady volunteered, when in company with many other persons, to be put under the influence of chloroform, which was done, and upon partially recovering from its effects, she ran into the corner of the room, and caused the bladder to evacuate its contents. There were, however, many absurd, but nevertheless true stories related when first ether inhalation was introduced, more in reference to the non-medical exhibitions of its effects, than with regard to the use of it as a part of medical practice. It is to be hoped that no such degrading exhibitions will henceforward take place as chloroform tea parties, and that science will not be lowered by the newspaper accounts of the amorous exclamations of half-drunken women, who have been known in Edinburgh, as related in the journals of that city, to call out the names of those with whom at the moment they were, in their dreams, enamoured.

There have been two instances in which the sexual excitement caused female patients to aver that improper liberties had been taken with them during etherization; both were unfounded in fact, but they nevertheless prove the especial tendency towards this excitement, and call for strict care in administering so dangerous a remedy. One case occurred in a coast town, to a very respectable practitioner; the other was in France.

A similar instance has been met with in London: a patient upon

whose sexual organs an operation was performed, accused two of her attendants who were present with others, of having cohabited with her; thus evidencing distinctly-marked sexual excitement during anæsthesia.

A surgeon to one of the metropolitan hospitals became the object of attraction to a woman upon whom he was operating: she mistook him for the man with whom she cohabited, and her expressions regarding him were of the most marked kind, as denoting sexual excitement.

I am told by a correspondent:—

“In one instance only (a midwifery case) the woman appeared to mistake my manual interference in assisting her in her labour for a liberty taken with her person, and she screamed out, ‘Don’t, you beast, do that! don’t be such a beast!’ This was, of course, distressing and unseemly. One lady hummed a polka air, and assured me she was very fond of me; but in this case it was only for a few seconds.”

I am informed that in the practice of a gentleman in Manchester it occurred that the husband of a patient who accompanied her when she was about to have a tooth extracted, “became the object of her endearments.”

Another writer informs me:—

“A young woman, from whom I removed an encysted tumour, when questioned if she had dreamt, hung down her head, and said, she had dreamt she was married.”

I however received a subsequent letter from this same gentleman, who writes strongly in favour of anæsthesia in surgery, telling me that he had afterwards questioned the girl, and that she said she dreamt she was “going to church.” And as I am anxious only to state what *fully* bears upon my arguments I readily insert this explanation.

Mr. Miller, of Edinburgh, in his very able pamphlet on the subject of the inhalation of chloroform in surgery, writes thus:—

“I have seen the most hysterical females subjected to anæsthesia by chloroform with perfect impunity, and never in any case have I seen untoward complications by hysteria induced, either during inhalation or afterwards. Imperfect exhibition of chloroform, I can easily conceive to be a very excellent mode of exciting hysterical disturbance; but duly administered, I should never dream of ranking a tendency to hysteria as a contrary indication. . . . In order to prevent hysterical or other excitement on emergency, it is of much importance to allow the patient absolute quietude: to talk, to joke with, or interrupt the patient, after the operation while stupor still remains,

is certainly very reprehensible ; seldom, if ever, does it fail to produce excitement. Touch his eyelid, or say but a word, and he may spring up wild, but leave him quite alone in silence, and, if possible, in darkness also, and he may sleep on for an hour or more, awaking at last, as if from a common slumber."

I have quoted this from Mr. Miller's pamphlet, in order to show that he entertains the full impression, that there is no immunity from dreams and excitement, except under a deep state of anæsthesia, and that, if only a partial state is induced, a very slight cause will create them. But there is no doubt that a deep state of anæsthesia cannot be induced in midwifery, because it allays uterine action ; and there cannot of course be this excessive freedom from disturbance that is required, because the oft-recurring labour-pain, if delivery is to be accomplished naturally, cannot be controlled. As it thus becomes evident, that women in labour can only be partially etherized, they therefore are always liable to the dreams excited by the uterine action, which I and others have stated to have occurred.

In the editorial remarks of the *Edinburgh Monthly Journal*, vol. vii., is the following :—

"Inconvenient effects have frequently resulted from etherization. . . . Great excitement, cough with expectoration of pus, hæmoptysis, and convulsions, during the inhalation, *have been witnessed by ourselves*. In some cases *erotic feelings, and even nymphomania*, have been occasioned in females, in others hysterical symptoms, as those of depression or intense headache, which have continued for several days."

This appears to be curious evidence, when it is remembered how often the facts here stated to have been witnessed by those connected with the *Monthly Journal of Edinburgh*, have been denied by practitioners in that city.

I could fill pages with instances of dreams more or less marked with lasciviousness ; but there are others, the occurrence of which have been as readily denied, not having this character. One is mentioned by Mr. Miller, who, after having removed some hæmorrhoids from a gentleman, "stooped to sponge and look for a vessel."

Mr. Miller writes :—

"In this occupation I was disturbed by feeling a smart shock of air on my head and face, accompanied with a noise like that of a bird or bullet in swift flight. Looking up, I saw my assistant, convulsed with laughter, endeavour-

ing to restrain some wild movements of the patient, who had become angry and pugilistic in his sleep. I had been grazed by a back-handed blow of his fist, delivered with such intensity of half conscious purpose, as would certainly, if it had struck home, made me as recumbent, and perhaps as unconscious, as himself."

In this case there was manifested a morbid inclination, in no way having reference to any previous impression of the patient; at once showing that acts and thoughts may be engendered during the effects of chloroform, at total variance with the habits or previous occupation of the person: and that, therefore, women who talk indecently, and exemplify their lascivious dreams by external movements, as has so often been the case, are vilified in an abominable manner, when accused of developing their natural tendencies by these drunken exhibitions, or of evidencing impressions they had received by having "conversed indecently just previous to the inhalation."

Effects opposed to the natural disposition are continually witnessed: a case more particularly showing them occurred in one of the London Hospitals: it was that of one of the mildest boys ever admitted within its walls,—a boy universally a favourite on account of his amiability, and yet the effect of chloroform-inhalation on him was to make him in every way the reverse—he became outrageous.

But the proof of lascivious dreams, the effect of chloroform, is to be found in Dr. Simpson's last publication; * for, although he stoutly denies their occurrence, and attributes the "supposed" cases of dreams to the imaginations of practitioners and other causes, yet he writes:—"In a paper on temporary delirium occurring in the course of labour, Dr. Montgomery several years ago described *more* marked instances of effects of this description, arising merely from 'the extreme distress and pain' to which the mother was subjected in the dilatation of the os uteri, &c., during natural parturition, than were ever seen to arise from the influence of means used to abate and abrogate that 'extreme distress and pain.'"

The word *more* surely indicates the occurrence of *some* such instances with which those of Dr. Montgomery are compared; but who is there who would ever be guilty of causing, even to a small extent, the appalling exhibitions that are witnessed during

* Edinburgh Monthly Journal, 1848.

puerperal delirium? I have known the husband and friends of patients literally distracted at the language, gestures, and general conduct of their relative under these circumstances. The most chaste and amiable women have been known, when suffering from puerperal mania, to swear and to use indecent language, such as, it might be supposed, they never could in any time of life have heard before from others. I have known the friends of such patients in the better ranks of life go through all the fatigue of nursing and attending their relatives thus afflicted, in order to prevent the attendants from hearing the horrid exclamations of the maniac. Who is there, then, who would wilfully, by the use of chloroform, induce such a state? It is no matter whether the patient suffers from delirium the effect of spirituous drinks, of chloroform, or of puerperal mania,—her reason is impaired at the same moment that the uterine functions are disturbed, and obscene exclamations, the result of lascivious dreams, are the consequence; and it seems to be but a very poor argument and a sad consolation to her friends, for them to be told,—You must not mind the lascivious exhibitions you will witness; because, when women are delirious from other causes, not the effect of chloroform, the same results follow.

In a letter, in answer to inquiries, I am told:—

“I have observed hysteria to be produced upon these occasions in females pretty generally; and, in one instance the excitement was extravagant, but no such result in males.”

In another:—

“What the private feelings of patients under its (chloroform) use may be, we are not often informed; but a sort of intoxicating dream of excitation is the frequent effect.”

I feel assured that I have proved the truth of the assertions, that dreams do occur, and that these dreams partake, in many instances, of a character clearly demonstrative of sexual excitement. Having thus explained by facts, the reasons for the moral objections urged by me against the use of anæsthesia in midwifery, I will now proceed to name those which I hold to the induction of the third and fourth degrees, and which are of a medical character.

In the third degree of narcotism a great medical argument against the use of anæsthesia in midwifery is to be found: in this degree, it will be remembered, Dr. Snow states:—

“The functions of the cerebral hemispheres appear to be totally suspended, but those of the spinal cord and its nerves still continue to some extent.”

And the third degree is that in which the voluntary muscles cease to be controlled by the will, and general convulsions supervene. It is not necessary to refer to the fact that all puerperal women are liable to convulsive affections; that the pregnant woman, even before labour, is often the subject of the affection; and if so, how can those advocates of anæsthesia in midwifery, who say it is wrong to employ it in those in whom it is contraindicated, ever conscientiously induce it in pregnant or parturient women, for they are all, more or less, predisposed to convulsions?

Baron Dubois,* who has been quoted in such a way as to lead the unwary to believe he is an advocate of anæsthesia, says, “On examining the question of the effects of ether on the mother, we find arguments of a special nature drawn from facts already noticed during the inhalation of ether in other circumstances; cases have been known in which the precursory signs of ebriety have consisted in an involuntary, disorderly, and convulsive agitation of that muscular system subservient to volition; in some cases, also, the ebriety from ether has been itself characterized by a semi-epileptic, a semi-cataleptic state, and has either been preceded by, or accompanied with, or followed by, convulsions.” “Now if, through life, we look for a physiological condition, in which there may exist a predisposition to phenomena of that kind, we shall find that pregnancy itself, too commonly indeed, predisposes women to that sort of nervous excitement which is sometimes carried so far as to be fatal to them,—I allude to the fact of puerperal convulsions.”

Professor Piorry, of Paris, believing that the sedative effects of anæsthesia might be beneficial in cases of hysteria, employed it, but “the fits, instead of being modified for the better, were, on the contrary, rendered more intense, epileptiform phenomena having been induced.”

M. Fix, a French surgeon, writes, that “in a true epileptic a fit may at any time be brought on by means of chloroform. In simulated epilepsy,” writes M. Fix, “this agent produces only its anæsthenic and relaxing effects.” “That ether or chloroform

* Lancet.

inhalations, administered during a fit, singularly augment its duration and intensity ;” and, from a series of experiments made at the Bicêtre, it has been demonstrated “that by ether inhalations a fit of epilepsy may be induced at will in those liable to them, and that chloroform brings it on still more rapidly.”

Mr. Beales, of Halesworth, related a case in the Medical Times of a patient who died from the effect of chloroform inhalation, convulsions having supervened : this case is further alluded to among the deaths.

A correspondent, in kindly relating a case to me, states, “Chloroform was exhibited, the effect was sudden, producing violent convulsions, and within a very little of a fatal termination.” Another writes, “One case I had which was followed by very violent epileptic hysteria ; and another in which vision was a good deal disturbed, and attended with great dilatation of the pupil for some days afterwards ; but such results are common, and may be very well anticipated.”

Mr. R. O. Johnston states,* “One man was in convulsions for forty-eight hours after the operation, and afterwards expired.”

A gentleman who writes to me from the North, states, “It (chloroform) has been used at this infirmary regularly since its introduction into science, and from what I myself have seen of it, should deem it extremely dangerous. I never yet saw a case where it was administered, that it did not produce the violent convulsions indicative of extraordinary nervous excitement.” In another letter a case is related in which the patient, when under the influence of chloroform, “was quite apoplectic, foaming at the mouth and breathing with stertor.”

In a letter in which two cases are related, the first of which does not bear upon the subject of convulsions, I am told, in the second case, “Instead of it (chloroform) relaxing the muscular system, it induced rigidity of the whole muscular frame, of course with loss of consciousness and sensibility ; but after free admission of cold air and cold affusion this rapidly subsided.”

I have also received an account of the effect of chloroform in a case of amputation of the arm, in which “it induced incipient epilepsy ; the same,” says the writer, “in a stout florid boy, in

* Provincial Journal.

whom some phalangeal adhesions had to be divided :” “all who have inhaled it have complained of severe frontal headache for some hours after.”

A gentleman of great reputation has kindly given me information concerning some cases in which chloroform had been administered, and in his letter he writes, “You are at perfect liberty to make use of any of my observations, for I have an utter abhorrence of professional men giving to the public their successful cases, and concealing all their most unfortunate.” The following are his observations :—

“I can give you no information upon the effects of chloroform in midwifery, not having such confidence in its application as to warrant me to try it.” “In one case it produced much cerebral disturbance, and in three others violent hysteria ; and in a case of amputation (about a month since) at the wrist joint, from gunshot wound, it made my patient slip off the chair, although held by two powerful assistants. The first case was in a young woman of 23 years, for the removal of her breast, who became violently convulsed, and was, with the greatest difficulty, held by several of the bystanders, she, all the while, ranting and raving about her sins.” . . . “The second case was an operation upon a young lady 36 years of age, for onychia, who sung and laughed for two or three minutes, &c.” . . . “I administered it to a lady of 65 years, previous to the removal of a large scirrhus tumour of the breast, (weighing nearly a pound,) who became apparently apoplectic, with stertorous breathing, puffing of the lips, contracted pupils, and a pulse of only forty beats in the minute.”

Mr. Miller, of Edinburgh, in his pamphlet, writes, “Most patients, however, do evince muscular excitement.”

Mr. Richardson,* of Brighton, relates the case of a servant girl, who, before the extraction of a tooth, inhaled ether, which was followed by convulsive movements of the limbs, opisthotonos, intense pains in the head, spasmodic twitchings of the muscles of the face, dilated pupil, hard and bounding pulse, and stertorous respiration. The abstraction of blood at last restored her. And in the same journal a case is related by Dr. Alexander Wood, in which convulsions supervened upon the use of chloroform, which required purging, bleeding, and in which the cure was but tardily effected.

A physician of eminence, in a provincial town, relates an in-

* Edinburgh Monthly Journal.

teresting case to me : he writes, " I was called in consultation some time ago ; it was a case of paralysis, following on puerperal convulsions ; the convulsions came on immediately after, or rather during the exhibition of chloroform." As this case was seen in consultation, of course the particulars cannot be published without the consent of the medical man who was in attendance, which I do not possess.

Dr. Barnard Holt had seen the chloroform employed in several cases, " in which it produced violent convulsions."

A pupil at an Irish hospital, after recovering the first effects, " began laughing in a hysterical manner, and soon fell into violent convulsions, so as to require the united efforts of many people to hold him down in bed ; he then got rigors, perspiration, and sickness at the stomach ; his pulse sometimes fell very low, and when the excitement was coming on it would rise to 100."

A patient of Dr. Simpson's died from the effect of convulsions. She had been etherized for four or five hours before delivery, and " went on prosperously for some days ; but a fit of convulsions (a disease to which, in earlier life, she had been long subject) immediately supervened," when she discovered that her monthly nurse was a drunkard.

Every one will agree with me in hoping that this was the real cause of convulsions ; but I cannot refrain from remarking that there must have been a peculiar susceptibility to convulsions indeed, for the drunkenness of the nurse to produce them so readily and so fatally, and I should be disposed to attribute this susceptibility to the effect of chloroform inhalation for *four or five hours*, rather than to the somewhat common occurrence, and it might be said, harmless affection as regards after life, of convulsions during infancy and teething.

" In the Maternity Hospital, Edinburgh, a woman died of convulsions coming on five hours after delivery, the delivery being natural." Now this case, like the one preceding it, must, I fear, in unbiassed opinions, be considered as evidence that chloroform induces convulsions, and, considering the comparatively rare fatality attending this disease, it is impossible to avoid the con-

clusion that death also resulted from the same agent. I shall refer, however, more particularly to the Edinburgh cases when alluding to the deaths from chloroform inhalation that have happened there.

The cases of convulsions that have been related to me are innumerable; many after delivery, some at the time of labour, and others when etherization had been employed to allay the pain of operations.

The following cases have been related by Mr. Banner* since the foregoing pages were written.

“John Stanley, æt. 47, was admitted into the Northern Hospital on the 29th of September, with compound comminuted fracture of the leg and ankle joint. He was in the enjoyment of good health, &c., when he met with the accident, which required immediate amputation: chloroform was administered, to which he at first seemed averse, and it was a considerable time before he was affected by it. At length the eyes began to roll, the breathing became more laboured, the pulse full and quick, the face became distorted and of a chocolate colour, the voluntary muscles begun to act, and he was, for a short time, in so violent a convulsion, and the heart's action so nearly quiet, that I feared instant dissolution. The lacerated muscles were drawn up the leg, and the broken bones protruded in a frightful manner. At length a deep snorting, and stertorous breathing succeeded; the excitement passed off and the limb was amputated: on recovering from the stupor he vomited. This man recovered slowly, and it was three months before he left the hospital.”

Mr. Banner also describes another case, of a powerful man, in whom, “at length, the eyes became fixed and insensible, the breathing slow and laboured, and the signal was given ‘that all was ready.’ The word was no sooner said than the patient's voluntary muscles became much excited, indeed to so great a degree, as to require three or four men to hold him.” More chloroform was administered and he eventually became calm. The case was one of brachial aneurism; the artery was exposed, and Mr. Stubbs, who operated, was about to pass the ligature, when “up jumped this Hercules a second time, and required the strength of several men to keep him down, and to keep the cut membrane from injury. Chloroform was again applied, and after a few minutes' delay the patient became calmed. This operation

* Medical Gazette, March 30, 1849.

occupied seventy-five minutes, whereas, but for the interruptions described, it would not have lasted a sixth part of the time." The author adds, "It would be well, then, before administering chloroform, to ascertain, if possible, the temperament of the patient; and this, I conceive, applies more particularly to midwifery, where such scenes as I have described might prove of serious injury to the patients."

The cases of convulsions following etherization that have been related to me, and have appeared in the medical journals, are innumerable; sufficient evidence has been given, however, to prove the readiness with which they are induced by anæsthetic agents, and to make manifest, therefore, the danger that attends their exhibition to parturient and, therefore, predisposed women.

I will now refer to the fourth degree of narcotism, that in which, writes Dr. Snow,—

"No movement is obvious except that of respiration, which is unaffected by external impressions, and goes on regularly, though often with snoring, or even with some degree of stertor. It would seem that the whole nervous centres are paralyzed by the vapour, except the medulla oblongata. In killing animals with vapours I have observed the breathing to be difficult or feeble, or otherwise impaired, before it finally ceased. This stage I call the fifth degree."

The following evidence will not only show that dangers do occur when the fourth degree is induced, and that frequently; not only that there has been a frightful sacrifice of human life, but that all I foretold of the danger that would accrue has actually come to pass, a result distressing to myself as it must be to all, bearing with it, however, a melancholy satisfaction to those who have apposed the employment of anæsthesia in midwifery, as showing, that, had they not offered this opposition to the practice, the number of deaths might have been infinitely greater.

The following account of the deaths, I believe, forms but a small portion of those really caused by ether and chloroform. Some of the sufferers in health, by these agents, will be noticed further on.

The case of Dr. Anderson, of Birkenhead, a member of the medical profession, was perhaps one of the most marked. He related to the medical men, who were hastily summoned to his assistance, that on Friday, the 10th of March, he had allowed a dentist to administer chloroform prior to extracting a tooth; the

rest of that day he had felt much excited, with a peculiar "rushing in the carotids."

The next day, Saturday, he felt rather languid, especially towards evening, when he was scarcely able to walk from debility, and a burning pain in the back of the chest. He took a cup of cocoa, his usual beverage, and retired to bed a little after eleven o'clock, when hæmorrhage commenced from the lungs. At 12 P. M. Dr. Walker, Dr. Robertson, and Mr. Macdougall, were hastily summoned to visit Dr. Anderson; he was anxious, with a jerky bounding pulse of 115, dyspnœa and blue lips. He had expectorated about six ounces of fluid blood, of a florid appearance, and frothy from admixture with air. He became better for the treatment adopted, but on the 15th his medical attendants were again summoned to him; hæmorrhage had returned to about three ounces in one gush, followed by fatal syncope.

The case of Hannah Greener it is scarcely necessary to refer to in detail; hers was the Newcastle case, which became notorious owing to the futile endeavours made to prove that death was not the result of etherization; she only drew her breath twice when she pulled down the arm of Mr. Meggison, who held to her face a cloth sprinkled with chloroform, and whose assistant was about to remove a toe-nail; she was then told to breathe naturally, which she did, and in half a minute her arm became rigid, and her breathing a little quickened, but not stertorous: an incision was made, she gave a struggle or jerk when it was done, and Mr. Meggison, thinking more chloroform was required, was proceeding to place some on a cloth, when her lips became blanched, and "she spluttered at the mouth like one in epilepsy;" a tea-spoonful of brandy was given to her, and some cold water was also given, but "in a minute more she ceased to live." A jury returned a verdict of "Died from congestion of the lungs—the effect of chloroform," and certainly a very just verdict. She had previously inhaled ether without any ill effect.

A young woman, 21 years of age, of the name of Parkinson, of Grantham, fell a victim also to the vapour of ether, which was administered to her before an operation for the removal of a tumour from the thigh. The operation was performed in the presence of many medical men at one o'clock, P. M., on a Tuesday; she never rallied, but remained in a state of complete pros-

tration until five o'clock on Thursday, when she died. She had a little brandy given to her after the operation; not much blood had been lost, but all the efforts to save her proved fruitless. A coroner's jury returned a verdict that she died "from the effect of the vapour of ether, inhaled for the purpose of alleviating the pain during the removal of a tumour from the left thigh, and not from the effect of the operation or any other cause."

A death occurred at Colchester from the effect of ether vapour. The case was published by Mr. Nunn, to whom much praise is due for having laid the facts before the profession in order to warn others of the danger of etherization. Thomas H—— was operated upon for stone in the bladder, in the presence of most of the medical men of the town and neighbourhood; there appeared to be no pain; the patient remained passive for twenty-four hours, but there was no reaction; he had a chill; was upheld by nourishment and stimulants, but a complete state of collapse ensued, and he sunk and died. The heart's action was increased a little by the remedies used, but the nervous energies were not excited by them. In this man the kidneys were found diseased, and so his death has been discarded from the list of those losing their lives by chloroform; but the fact of his never rallying in the period between the inhalation and his death is sufficient proof of this agent having caused his death; and how many are there operated upon for stone who have also diseased kidneys, but this is not the cause of death within 48 hours after the operation.

In India the death of a female is recorded as having happened at Hyderabad. The removal of a distal phalanx of a finger was the operation to be performed. The surgeon "administered the chloroform in the usual way, namely, by sprinkling it on a pocket-handkerchief, and causing her to inhale the vapour. She coughed a little, and then gave a few convulsive movements." The operation was then performed, but the patient never rallied. Scarcely a drop of blood was lost, and the operator writes, "I am inclined to think that death was almost instantaneous, for after the convulsive movement above described she never moved or exhibited the smallest sign of life." There was no inspection of the body.

Death resulted in a case at Boulogne from the use of chloro-

form. The operation consisted in the removal of a splinter of wood from an abscess in the thigh. M. Gorré, the surgeon, says, "I placed over the nostrils of the patient," a young lady of 30 years of age, "a handkerchief moistened with from fifteen to twenty drops, at the most, of chloroform. Scarcely had she taken several inspirations when she put her hand on the handkerchief to withdraw it, and cried with a plaintive voice, 'I choke.' Immediately the face became pale, ("a symptom," remarks Dr. Snow, in referring to the case, "recorded also of the Newcastle case and the one at Cincinnati,") the countenance changed, the breathing was embarrassed, and she foamed at the mouth. At the same instant (and certainly less than a minute after the beginning of the inhalation) the handkerchief moistened with chloroform was withdrawn." In this instance, also, the patient never rallied, although all the proper efforts were made to restore her.

An attempt has been made in France to prove that, in this case, death resulted from other causes, and not from the use of chloroform; it has, however, utterly failed; and no one can doubt but that this young lady would have now been living had the operation been performed without the use of this agent. No blame can, of course, attach to the operator; the result only proves the highly dangerous character of the chloroform, and the uncertainty of its effects.

M. Robert, surgeon to the "Hôpital Beaujon," reports the following case of death from chloroform. "A young man, 21 years of age, was admitted, on the 25th of June last, into the 'Hôpital Beaujon,' for a severe fracture of the shaft of the femur, caused by a ball which had traversed the limb from before backwards. Disarticulation of the thigh was decided upon. The patient was put under the influence of chloroform by means of the apparatus, divided by a spiroid diaphragm made of netting, and provided with a large mouth-piece; the nose was secured by an assistant. In three or four minutes there were a few convulsive movements, pointing to the period of excitement, and soon after a complete state of relaxation came on." The operation was partly accomplished, when the patient recovered from his insensibility; more chloroform was administered and the operation proceeded with. "Hardly had a quarter of a minute elapsed

than a loud stertorous breathing was heard, and the apparatus was withdrawn. The patient's face was extremely pale, lips blanched, and the eyes, the pupils of which were greatly dilated, were drawn so high upwards as to be hidden by the upper lid." It is sufficient to add that the most energetic exertions were immediately made to restore animation, but with no ultimate effect; the poor patient died the death that too many others have done.

A poor patient, a female, whose timidity cost her her life, inhaled chloroform at Cincinnati, U. S., in February: some teeth were to be extracted. In her case the vapour was administered by means of a sponge inclosed in a glass globe; the patient, "breathing at first slow, inhaled 12 or 15 times, occupying from a minute to 75 seconds;" some stumps were removed, but she never rallied: her friends who were present considered that she died about two minutes after the commencement of the inhalation; but, at all events, if not dead she was in a dying condition, and no means were able to restore her.

The case of Mr. Badger, who died under the hands of Mr. Robinson, one of the most experienced administrators of anæsthetic agents, (he stated at the inquest, he had used them in at least three thousand cases,) and, as regarded his mode of exhibiting the chloroform in this instance, there was not the least fault to be found. Mr. Badger had come from Yorkshire, and applied to Mr. Robinson to have some teeth extracted. One drachm and a half was put into the sponge of the inhaler. The instrument was not held close to the mouth or face; the deceased had not inhaled it more than a minute when it appeared to have produced so slight an effect that he requested to have the vapour made stronger. *Before this could be done, however,* the head and hand of the deceased dropped, *i. e.* one second after he had spoken to the operator. A period of about five minutes elapsed from the time at which the deceased entered the surgery to his death.*

At Auxere, in August, 1847, a man died under the influence of ether.† His death was sudden.

Mr. Eastmeat has published the case of a boy who had compound fracture of the left thigh; amputation was performed

* Lancet.

† Medical Gazette.

when he was under the influence of ether. "With the conclusion of the operation the difficulties and anxieties of the case commenced, for the patient was in such a state of exhaustion and intoxication that his life became endangered, and he died three hours subsequently."

A case of tibio tarsal inflammation, for which amputation was performed by Mr. Syme, in the Edinburgh Royal Infirmary, terminated fatally after the exhibition of ether: the patient was a girl of 14 years of age, of good general health. The case is described* as the first fatal case of this disease that has occurred in Mr. Syme's practice, and "it is only right to state that in his opinion it is attributable to the ether."

Two cases have been related to me by a gentleman of the highest reputation, with a request that I would not append his name to any reference I might make to them. I will, therefore, simply remark, that in one the effect was immediately fatal, in the other a greater time elapsed; but during this period there was no lucid interval; the patient died in a raving state of mania. It is from no wish for concealment of the untoward circumstances that I was requested to withhold the name of my informer; he was, like many others who have made communications to me, present in consultation; the cases, in fact, were not his own, or, he told me, that he would, with the greatest readiness, have made known the circumstances as evidence of the danger in the use of anæsthetic agents.

Two cases of death from chloroform are mentioned by Mr. R. O. Johnston, in the *Prov. Medical and Surgical Journal*, July 26th, 1848. One patient was in convulsions for forty-eight hours after the operation, and afterwards expired.

Mr. Humphrey † has noticed the death of a patient from the employment of anæsthesia; he writes: "One lad died with peculiar symptoms of oppression of the sensorium, preceded by delirium, three days after amputation of the arm on account of accident. Ether was administered."

In a letter from a correspondent, who kindly wrote to me upon the subject of chloroform inhalation, two or three cases are related in which life was almost destroyed by inhalation, but in

* *Edinburgh Monthly Journal*.

† *Prov. Med. & Surg. Journal*, August 9th, 1848.

which resuscitation was ultimately accomplished; and then he writes, "I have seen, in a neighbouring village, one case of amputation of the thigh die directly after operation, under the use of chloroform."

A case is related to me in which the operation of amputation was performed in a man who had fractured his leg some months before, but in which there was sloughing of the integuments; the case is very clearly described by the gentleman who has most kindly communicated to me the particulars; he writes,—

"I was called from this town to consult upon the propriety of cutting off the limb; several gentlemen of great experience were present at the consultation, and it was our deliberate conclusion that the leg should be taken off below the knee. He agreed to part with his leg, and showed decided mental firmness in considering the proposal. Preparations were soon commenced. Before tightening the tourniquet chloroform was poured on a napkin or a piece of rag, and he inhaled the vapour, being in a sitting posture on the table. It did not speedily affect him: more chloroform was poured on the cloth; when he appeared to be sinking to the recumbent posture, the cloth was kept close to his nostrils. He spoke a little, and that coherently, though not loudly, up to this time; suddenly, however, his face became suffused and dark coloured, and, in my opinion, indicated a very frightful and dangerous degree of congestion of the head and neck, attended with convulsion of the face, and slightly of the arms. He soon became motionless, and seemed insensible; the operator then began to make the incisions. *At the first touch of the knife I heard the patient utter, in a very low, but quite distinctly articulate manner, a dreadful imprecation, that quite proved to me that, at that instant, he was as acutely sensitive as if he had not breathed chloroform at all. After this he did not speak, but lay like a man very drunk.* The operator had great difficulty in retracting the skin, so much had condensation taken place, from the inflammation that had followed the original accident. The operation was concluded in the usual manner, and the principal arteries secured. The patient did not *wake up at all*. His pulse had been getting weaker and weaker during the operation; at the close it was very weak, and the beat of the heart was scarcely perceptible." Every available aid was given to the patient, but "he did not rouse in the least, but slowly and calmly breathed his last about half an hour after the operation begun."

A case of death by chloroform is recorded* as having occurred at the Hôtel Dieu, at Lyons. The subject was a boy of 17 years of age, admitted with caries and necrosis of the middle finger of the left hand.

"The removal of the finger was resolved upon, and, 'as the boy seemed to

* Lancet, Feb. 24, 1849.

enjoy pretty good health,' no counter-indication to the use of chloroform was discernible. A very thin compress was placed on the face, and the anæsthetic liquid dropped gradually on it. In four or five minutes the patient was still speaking, and conscious of pain; a minute afterwards he spoke again, and showed a little agitation. By this time from one drachm and a-half to two drachms of chloroform had been poured on the lint, and it is to be supposed that a great deal of it went off by evaporation. The pulse had all the while been perfectly normal. All at once the patient rose suddenly, and threw about his limbs, but he was soon brought down again by the assistants. This excitement did not last altogether more than a quarter of a minute, when it was found that the artery at the wrist had ceased beating. The cloth was immediately taken off from the face, which looked haggard. The heart ceased to beat, and no pulse could be detected; respiration was, however, still carried on, but soon became weak, slow, and ceased completely in about half a minute. On the employment of very energetic restorative means the breathing began again, with a certain amount of vigour; the pulse, however, could not be felt. The frictions were continued with renewed vigour, but the respiration soon ceased again, and half-an-hour's constant exertions remained utterly useless."

Another case will be found recorded in the same number of the *Lancet*, as having occurred at Westminster.

"A mason's labourer, a patient of the Western Dispensary, having a severe injury of the great toe, was about to have the toe removed. He expressed a desire to inhale chloroform. Half an ounce was administered by being sprinkled on a handkerchief, and held over the mouth and nose, care having been at first taken to ascertain the non-existence of thoracic or other disease, which might be deemed to contra-indicate the use of the chloroform. This quantity of the agent failed, however, to produce anæsthesia, having caused only the usual excitement and struggling. A person was, therefore, dispatched to fetch some more, which he eventually did, from Mr. Hooper's, in Pall Mall. During his absence, which was for more than two hours, the patient entirely recovered from all effects of chloroform, having, it is to be remarked, never lost his sensibility, and was occupied in conversation, &c. On the arrival of the fresh supply half an ounce was again poured on a handkerchief, and applied to the mouth and nostrils, care being taken to allow the entrance of air at short intervals. After a period of excitement, lasting two or three minutes, insensibility was induced, and the breathing, at first rather hurried, became now slower, and rather stertorous; the eyelids quivered on the approach of an object to the eye; the pupil became somewhat dilated; the pulse was at about 70, moderately strong. As soon as anæsthesia was produced the operation was proceeded with, and occupied not more than two minutes. At the close of the operation no blood escaped when pressure was removed from the arteries. In the mean time the breathing became slower and less full, and a pallor, with coldness, diffused itself over the whole body, and showed itself in the lips, &c. The pulse receded

in strength and frequency, and very shortly ceased at the wrist ; but, in about ten minutes from the time of inhalation, respiration altogether ceased, and the chin presently dropped. On the first appearance of these alarming symptoms air was freely admitted into the room by the windows and door ; some brandy poured down the man's throat ; cold water dashed on him, and bottles of hot water applied. Artificial respiration was almost immediately resorted to, and kept up upwards of one hour, but all attempts at restoration were fruitless."

A coroner's jury returned a verdict to the effect "the deceased Samuel Bennett died of chloroform, properly administered."

M. Roux stated to the Academy of Medicine, of Paris,—

"Some months ago I had occasion to operate on a woman 50 years of age, with a cancerous tumour of the mamma. She was very much enfeebled. Besides the tumour on the breast, the glands in the axilla were very much diseased, and required removal. Without hesitation I subjected the woman to the influence of chloroform. Whilst I removed the tumour she slept soundly. I had hardly finished the operation when she awoke. It was still necessary to extirpate the glands from the axilla, and I begged the patient to allow me to do this without again having recourse to chloroform, to which she consented : the operation was long and laborious. That a bandage might be rolled round the body she was seated in a chair, and when in this position she fainted, and every effort to reanimate her proved unavailing."

M. Roux remarked, "almost all the subjects of the fatal cases have been women ; women are, in fact, most susceptible to anæsthetic agents."

An author states that,—

"An amputation * of a compound fractured leg was performed on the 24th of January, at the Northern Hospital, Liverpool. The man was healthy, and in a very good state for the operation. The chloroform was inhaled and the desired effect produced. After the operation vomiting came on, and continued, without intermission, for 20 hours ; the tongue soon became furred ; the stump, as might be expected, assumed an unhealthy character, and he died on the 7th of February."

It is inquired,—

"What was it that caused vomiting in this case ? May we not reasonably ascribe it to the chloroform ?"

Several other deaths, the direct effect of chloroform, have been related to me ; the facts, however, have not been made sufficiently clear to enable me to notice them more particularly. One case in which the patient died directly after an operation upon the face ; another in which death resulted as suddenly after an operation

* Mr. Banner, Med. Gazette.

upon the head; but I will now allude to some deaths that occurred from the inhalation of chloroform, but in which no operation was performed.

A gentleman, whose case has been before alluded to, was found dead, having at the time placed near his mouth and nose a sponge in which chloroform had been contained. He had been, at the moment of death, making artificial flies for fishing, and he was in the habit of inhaling chloroform for the relief, as it was believed, of an asthmatical affection.

The case of the lad, Arthur Walker, the druggist's assistant, at Aberdeen, was another proof of the danger and uncertainty of the effect of chloroform vapour. The lad had become a drunkard from habit, by means of chloroform, but, upon being reprimanded, had ceased to inhale it: like all persons who have followed the same vicious habits, he could not refrain from again seeking intoxication when the opportunity offered, and upon having to supply a customer with some of the liquid he again inhaled it, and became insensible. His companion, who witnessed the inhalation, was much pleased at finding that furious delirium, which before had been its effect, did not now supervene, and he was surprised to see the lad lay his head on a table, as if asleep; but, upon an attempt being made to rouse him, it was found he was dead.

M. Jobert is reported to have brought forward two cases in which he considered death to be partly dependent on the ether. M. Roux has given another of tetanus, in which the patient never rallied from the stupefaction, and where death was decidedly accelerated by it.

Then there are very many cases which, although they did not immediately terminate fatally, did so eventually, and from the circumstance of extreme depression so often following the use of chloroform, it may be supposed that this agent tended greatly to cause the fatal results. It has been mentioned to me, that in the practice of a gentleman (not in London) much experienced in the cases of ovariectomy, a greater mortality has resulted when chloroform has been employed than when the operation has been performed without that agent. Cases have been related to me in which death has resulted after different operations at intervals of many days or

even longer ; but during the intervals there has been no reaction. The operations themselves having been slight. I am led to notice these facts, because when parturient patients have died of what has been called puerperal fever, the deaths have been thought not worthy of consideration, as resulting from the use of anæsthesia, and they have been entirely discarded from the list of those terminating fatally from anæsthetic agents. Now, I am led to believe, and others have the same estimation of the effects of chloroform, that fever, accompanied by depression, whether taking the form of typhoid puerperal fever, or developing any other symptoms, is readily induced by the chloroform ; and when we know that the pulse is often reduced to forty beats in a minute, we can but acknowledge the immensely depressing power that chloroform possesses.

I shall now relate briefly the cases of death that have come to my knowledge, resulting from the employment of anæsthesia during delivery.

A most melancholy death resulted in the case of a lady of early age, who gave birth to twins, some miles from London. The first was born, and before the other was expelled, chloroform was administered to her, but she survived the birth only for a period less than an hour.

Another case, well-known to many persons with whom I have conversed, and alluded to in my former pamphlet, shows this depressing effect of chloroform. A young lady who had become a wife only within the year, was delivered in the country ; her labour was natural, and before her labour her health had been good. She died at about the end of the second week from her delivery ; never once having rallied from the effect of the chloroform.

A case published * by Mr. Beales, of Halesworth, gives evidence of the fatal effects of chloroform. Mr. Beales was called to the patient, and he thus describes the case :—

“ Twenty-four hours after delivery I arrived at the patient’s house ; upon entering the room, I distinctly heard a peculiar hissing noise proceeding from the patient. She was in bed, being detained there by the efforts of four women. There were violent convulsive actions of both extremities, and the

* Medical Times.

muscles of the face were under the same influence. The tongue was protruding from the mouth, and foam was abundant. The face and neck were swollen with increased carotid action. The eyes were starting forwards, rolling about, and having a peculiar wildness in expression; the pupils dilated and uninfluenced by light. The head very hot. The state of the pulse could not be ascertained, owing to the violent action of the arms. In the absence of any hysterical symptoms, I diagnosed the case as one of puerperal convulsions after delivery. Twenty ounces of blood were immediately drawn in a full stream; an ipecacuanha emetic given; the hair was cut off, and cold assiduously kept to the head; sinapisms to both calves. In about an hour she became more quiet, the convulsions occurring only at intervals. The pulse was ascertained to be 110, of largish calibre; the pupils became contracted; the breathing was stertorous. Her state resembled the apoplectic. A large blister was applied to the nape; ten grains of calomel, six grains of camphor, and two drops of croton oil were given, which had the effect of producing some copious evacuations. After twelve hours' elapse, coma still being present, eighteen ounces more blood were withdrawn, and the frigid mixture substituted for cold water to the head. The inability to swallow prevented the administration of other medicines.

“She continued in a comatose state until seven o'clock, sixty-three hours after delivery, and thirty-eight after seizure, when death took place.”

Baron Dubois relates five cases of labour in which he etherized the patients. Two out of the five died; those two had been delivered with the forceps. The application, said Baron Dubois, was “prompt and easy;” therefore their employment cannot be supposed to have caused death. Indeed, in my own practice, I do not remember an instance of death resulting from or following delivery with forceps.

Baron Dubois remarked:—“It is worthy of notice, however, that two out of five etherized died of symptoms indicating the existence of puerperal fever. In a question of so serious a nature, the recollection of these facts must still leave on my mind doubt and timidity. “Later perhaps these hesitations may disappear, but even then I shall not forbear thinking that the very nature of things will tend to render very uncommon the exhibition of ether in cases of midwifery.”

Two cases of death have come to my knowledge, as having occurred in the suburbs of London; both under the hands of very skilful practitioners, one of whom I know only by repute, the other I know personally; and I should regret much, by any direct allusion to these cases, to increase the feelings of remorse

that have been since entertained at having listened to the encouraging accounts given of the effects of chloroform, and acted upon them, without considering the dangers and waiting for experience to prove or disprove their liability to destruction of life. In both cases, the effect was direct; in the one, death resulted very shortly after delivery; in the other, life was prolonged for many days; but the remedies used were ultimately of no avail, and the patient sunk without ever having rallied from a state of utter prostration.

It is right that I should state the circumstances attending the fatality amongst the patients of Dr. Simpson, and those of Dr. Duncan and Mr. Norris, at the Maternity Hospital of Edinburgh, as recorded in a report written for insertion in Dr. Simpson's last pamphlet on *Anæsthetic Midwifery*. It appears that Dr. Simpson has attended in labour about one hundred and fifty patients, to whom he has given chloroform; of these two died, one having symptoms of puerperal fever, the other dying of convulsions. Dr. Simpson writes that these patients *both* died of puerperal fever, which at that time "swept" over Edinburgh. The question arises, can the convulsions be considered as a symptom of this fatal malady? And, as it is stated subsequently by the author, in publishing the case, that the convulsions arose from the excitement attending the discovery of drunken propensities in the nurse, we are still left in doubt to which of the two causes he attributes the occurrence of convulsions. When, however, we remember how direct is the effect of the inhalation of chloroform in producing convulsions, we must necessarily entertain apprehensions as to the real cause of their superinduction; unless, indeed, the conclusion is at once arrived at, as it is certain to be by many, that they were produced by no other cause than the anæsthetic agent.

But this epidemic did not rage (as is usual, if it is prevalent, where parturient women are at all congregated together) in the Maternity Hospital of Edinburgh; for no patient who died there seems to have had any symptoms of it, and those who did not die, according to the report, were all free from disease. And yet there, the mortality was far above the average rate, as will be seen by what follows.

In the Maternity Hospital, as related by Dr. Duncan and Mr.

Norris, the former of whom I believe is assistant, as it is called in the North, to Dr. Simpson, chloroform was administered in ninety-five cases, in eighty-eight of which the labours were natural, in seven "morbid." One of the mothers died, of the eighty-eight, *from convulsions* supervening five hours after delivery, and proving fatal after continuing for six days.

Of the seven who had morbid labours, two mothers died, one from ruptured uterus, another from sloughing of the "maternal passages," owing to the long impaction of the foetal head within them. I own I cannot help believing that some unusual cause prevented the termination by the uterine efforts of this labour; for the child was born alive, and was extracted by the long forceps. My disbelief in the necessity for the LONG forceps, and my conviction that if the child's life can be preserved at all, no such instrument is required, but that the proper application of the short forceps will always accomplish the delivery, induce me to attribute this impaction in the maternal passages to the inaction of the uterus, the effect of chloroform: and, hence is the cause, or, at all events there is a presumption, that it was the cause of the death of this patient in the Maternity Hospital.

One patient died from rupture of the uterus: hers was a case in which turning was required. Now, when we consider how rare is a death owing to the rupture of the uterus under any circumstances, but more particularly when caused by the exertions of the practitioner, in the process of turning, it is impossible to refrain from supposing, that, during a state of anæsthesia, more liberty is taken by the practitioner in the movements of his hand within the uterus, or more force is employed in extracting the child than would be if the mother was able to express her sense of the coming pain, and thus to give warning of the necessity for inaction during its occurrence. But the fact of this rupture of the uterus singularly contradicts the assertion that any state of "relaxation and dilatability renders the process of the artificial extraction of the infant, alike more easy for the practitioner, less dangerous for the child, and more safe for the *structures of the mother*."

Thus, instead of the usual average of one death in about 186 deliveries, there were three in ninety-five; and, in addition to these ninety-five deliveries in which chloroform was administered,

there were about fifty other cases, in which this agent was not employed, and no casualty at all seems to have attended these; and yet Dr. Duncan and Mr. Norris are so persuaded of the good effects of chloroform, that they write,—“ On the whole, the results of anæsthetic midwifery, as observed by us in the hospital, have been perfectly satisfactory.” And then, it must be added, as before was observed, that no less than nine children of the ninety-five were born dead.

Mr. Banner has recorded two deaths of midwifery patients, in both of which the forceps became necessary, in consequence of the paralysis of the uterine powers, the effect of chloroform. They are both noticed in detail at page 20; and, although one was a complicated case, inasmuch as there was the presence of a tumour attached to the peritoneal covering of the uterus, yet the natural conclusion that must be drawn from the history of the case evidently is, that in all probability the mischief that caused the death was owing to the use of the forceps.

He has also published one case of a patient, Mrs. —, æt. 23, who “ was delivered of her first child under the influence of chloroform. She was of a highly excitable nature. The delivery was accomplished to the satisfaction of every one concerned; in a short time, however, she became restless, moving in her bed from side to side, so that it was difficult to restrain her. In less than an hour, this excitement ran on to delirium approximating delirium tremens. She laboured under all sorts of fantastic delusions. This state of things continued for three hours; on the third day peritonitis ensued, and on the fifth she died.”

Two cases have been related to me, as having occurred in the very “ hotbed ” of etherization, but I have found difficulties, which I anticipated, in learning their exact history from the place of their occurrence, I therefore shall only cursorily refer to them. One was that of a young lady with her first child, in whom mania followed the inhalation of chloroform, and she died “ fatuitous ” on the seventh or ninth day.

The other was the case of a lady, “ who, in a similar state, was conveyed to a lunatic asylum, and died in fifteen weeks.”

The after effects of the inhalation of chloroform, where death did not follow, have not yet been considered: they form no small objection to the use of this agent in midwifery and in trifling operations. That health may be impaired, that disease, and, in

some cases of a fatal character, may actually be induced, the following evidence will prove. Disregarding, then, the cases of death that have at once occurred,—putting aside the actual and immediate fatality that has attended the use of anæsthetic vapours,—let the reader ask the question, when even he has only perused the following results:—Is it not unjustifiable to urge the use of so poisonous an agent to allay trifling bodily pain, or the natural pain of labour, occurring in persons at present in health, and whose lives are in no way endangered?

A case is related to me, “in which the chloroform produced serious excitement, accompanied by symptoms of asphyxia,” which nearly ended fatally.

I am told by a correspondent,—

“The effects (of chloroform) were temporary cerebral excitement, and a slight hæmoptysis with febrile reaction for about two days, in two young women.”

The writer adds:—

“The general impression among medical men here is against its employment, unless in urgent and favourable cases; and I am not aware of one who feels inclined to admit Dr. Simpson’s views in ordinary labours.” “The agent is one, I believe, that ultimately will be much limited in its anæsthetic use, as the occasional fatal results justify caution, and cannot be fairly ascribed to other causes.”

The same writer remarks, and I am inclined to quote his statement, owing to its soundness:—

“That a medicine capable of so much, should be capable of more, is, I think, rationally, if not demonstrably certain; and to employ dangerous remedies for non-dangerous cases, is at variance with the principles of our art.”

I am told by a correspondent, that,—

“The Rev. Mr. —, a clergyman, nearly lost his son in using it (chloroform) before the extraction of a tooth; they despaired for some time of resuscitating him.”

Another writer tells me,—

“I have seen two awkward results from ether: when it first became talked about, I inhaled it myself without any visible effect. I then rode away, and when I was about a mile distant, I suddenly felt sickly, and, momentarily lost myself on horseback.” . . . “I administered it to one patient, a young lady, for excruciating tic, with relief to the pain, but with such extreme exhaustion, that for some weeks she never rallied; irritating cough came on, and dyspepsia; about a month afterwards, the cough continuing, I examined the chest, and found a small portion of one lung evidently condensed. I had examined the chest a short time before the inhalation, as the

lady thought she had some heart disease, and I could detect nothing then. The mischief seemed to be stayed by a sea side residence."

Several cases of pneumonia are mentioned to me, and, indeed, this seems to be a very frequent result of inhalation.

A gentleman states to me the effect of chloroform upon his pupil, who, in his absence, inhaled it :—

"He was free from any predisposition to consumption, &c., and his account of his sensations was, that 'immediately on his recovery from insensibility, he felt great nausea, though not accompanied with vomiting, slight vertigo, headache, complete loss of appetite, and a general depression of spirits;' 'indeed, he did not wholly recover from the effects of it for more than a fortnight subsequent to the inhalation.'"

From another writer, I learn that,—

"A Mr. ———, a dentist of this town, to encourage his patients to submit to the use of it, inhaled the vapour two or three times in their presence, and, after the third time, (I think it was,) his mind became very confused, his gait unsteady, and violent pain of the head followed, with sharp fever which confined him to his bed for a week, and required him at the end of that time to go to the country for some days. The pains in the head did not subside until after leeches had been twice applied to the temples and behind the ears."

"I remember one case in which the mind of the person appeared to be much disordered by it, (chloroform,) and another in which death occurred whilst the patient was under its influence."*

In another letter addressed to me it is stated :—

"I have long since given up using it, (chloroform,) except in extreme cases, on account of one, in which the administration of chloroform was followed by extraordinary excitement, which continued for two or three days, and gave me much anxiety."

"I have seen (as a physician) its (chloroform) injurious effects in three cases; in one, administered for the extraction of a tooth, in a predisposed subject, consumption was set up. In another, for three days the intellect was disordered, and subsequently, oppression of the heart and breathing came on, lasting urgently for months, nor is recovery complete yet. In a third, much stupidity and difficult breathing were produced for some hours."

"All who have inhaled it have complained of severe frontal headache for some hours after."

Mr. Allen, of the Haslar Hospital, who has kindly given me much valuable information, writes, that in two cases of ampu-

* This case is not included in the list of deaths, because my correspondent was not present when the death occurred.

tation under the influence of ether, he considered, that in both, “the cerebral disturbance was protracted for more than fourteen days, with a pulse above a hundred.” The same writer continues:—

“In about twenty cases nothing unfavourable occurred; but in a boy, sixteen years old, with fistula, one drachm was exhibited in a pocket-handkerchief, covering the mouth and nose. He immediately became insensible, and remained in that state for a quarter of an hour; he then walked to his bed, and appeared to be stupid, but sensible when spoken to. This took place at ten, a. m.; at five, p. m.; I was called to him, and found that he had been in bed all day and taken no food. He was removed into the open air, and recovered slowly; but had headaches for twelve days afterwards, and frequently declared that nothing would induce him to take it again.”

We have an instance of the frightful effect of anæsthetic vapour as described by Baron Dubois: *—“The process of inhaling was now and then interrupted by the woman becoming unmanageable during the moment of contraction (uterine); it lasted in all twenty-five minutes, after which she collapsed into a state of complete insensibility.” “At this period,” adds Baron Dubois, “we witnessed a most curious, instructive, though highly perplexing phenomenon: ruptures of blood to the head, the face becoming intensely red, the looks were set, the eyes being fixed upwards and outwards, the conjunctiva was congested to that degree, that I really could imagine blood on the point of springing from its surface. The under lip was hanging, the tongue turgid, and squamous saliva issued forth from the mouth.”

I have in my possession a letter from a physician in very extensive practice in London, who tells me of four midwifery cases to which he has been called in consultation in the metropolis, in which mania, with the occurrence of no lucid interval between the inhalation and the time of his visiting the patients, had supervened upon the exhibition of chloroform. I have also received some other letters relating to similar facts.

Hæmoptysis seems to be a frequent occurrence after the exhibition of chloroform.

At the Westminster Medical Society,† the case of a lady was stated by Dr. Reid, who, having always suffered severely during her first five confinements, in which he had attended her, but in all

* Lancet.

† Lancet, Jan. 27, 1849.

favourably recovered,—indeed, without a bad symptom,—had, in her sixth confinement taken chloroform. He did not believe that it had at all diminished her sufferings, and from that hour to this, a period of three months, she had been a dreadful invalid, suffering from a train of nervous symptoms, such as he had never witnessed; and of which, Dr. Merriman only recollected one parallel instance in his vast practice, and that was the result of intense drunkenness. The chief symptoms in this case were most distressing sickness and headache. In other cases the chloroform had not relieved the pains of labour.

The effect here described of impaired general health after the inhalation of chloroform for a prolonged period, is a most frequent occurrence. I know instances in which suckling was performed with success, after former labours, where chloroform had not been used, but in those in which it was employed, the secretion of milk was almost absent, the breasts were flabby, and, instead of patients being well in three or four weeks, they were emaciated, weak, and dispirited for long periods afterwards. And others I have known so altered that they have appeared prematurely old, their friends have scarcely known them; the rotundity of youth has been destroyed, and personal beauty has become

“A doubtful good, a gloss, a glass, a flower,
Lost, faded, broken, dead, within an hour.”

I have a mass of information concerning the after effects of anæsthetic agents too extensive to add to these pages; it will be sufficient to notice that cases are related to me of prolonged sickness, of vital depression, and depression following excessive nervous excitement, continuing in some instances for days, in some for many months; and in others, even still continuing. Cases of threatened death from asphyxia; of epilepsy, of coma, of threatened apoplexy, of mania, many of bronchitis, and irritation of the trachea, these two latter affections especially; of pneumonia, prolonged giddiness, loss of memory, paralysis, and a variety of other affections; some of serious, some of less important consequence.

Then, there are ample proofs that the immediate sensations are not so agreeable as has been supposed. Some have described the sensations, to me and others, as being far from plea-

sant. The pungency of the agent, and the effect often in the earlier degrees of narcotism are dreadful to bear. To this it is answered, that these degrees are easily passed over, and that therefore, as it is only momentary, it is of no consequence ; such, however, is not the case ; there are some persons who cannot be brought under the influence of anæsthetic vapours, and they cannot, therefore, be placed in a deeper state of narcotism. Persons who have had teeth extracted, have expressed themselves as having suffered agony, although unable to cry out or to resist, and that they would willingly suffer pain without chloroform, rather than when influenced by it.

Dr. Simpson himself writes :—

“ A handkerchief thus presenting a large surface, is often much more serviceable than one folded into a cup shape ; for the patient, when first coming under the influence of chloroform, *is apt to move her head from side to side ;* and, in order to keep up the constant inspiration of the vapour, she can be *more easily followed* by using a simple handkerchief than by trying to keep any apparatus applied to the mouth and face.”

And this resistance to the exhibition of chloroform is not at all an uncommon occurrence, but yet we are told that patients go comfortably to sleep—that the effect is like opium, &c.

Dr. Simpson adds :—

“ I have always held and managed the handkerchief myself in the first instance, and till the patient was asleep. Afterwards I have generally trusted it to the husband or the nurse, teaching them to apply it near the face,” &c.

But let Dr. Simpson's neighbour and friend, Mr. Miller, a great advocate of anæsthesia, and a very experienced chloroformist in surgery, be referred to ; he writes :—

“ It will not do to make over to an ordinary bystander the duty of applying chloroform, the administrator must be professional, expert, and, if possible, accustomed to the work ; and the value of such an one points chiefly to two things :—first, the adroit superintendence of anæsthesia, also maintaining it of the required intensity and duration ; secondly, the watching of its play, as it may be called, with the view of guarding against all chance of accident. The administrator's eyes should never be off the patient's face. By the scarcity of assistance I have repeatedly, during an operation, been *startled by the stertor becoming unusually loud ;* looking up, I have found the handkerchief lying unwatched upon the face, and, on removing it, have discovered a nearer approach to the *external signs of asphyxia* than was at all agreeable. Had the chloroform been continued for a short space longer,

very serious results would doubtless have ensued. In plain language, I do not hesitate to admit that I have seen patients, by an accidentally undue protraction of the application, *brought to the very door of death by chloroform.*"

I have casually brought attention to the difference of opinion in these two authors, as to the danger of etherization. The experience of each I believe to be equal, and yet one thinks so lightly of its dangers, as to feel justified in allowing a *nurse* to administer chloroform, the other has seen patients brought to the very door of death by trusting it to the hands of non-professional persons !

Dr. Anderson, of Glasgow, writes to Dr. Simpson :—

"I recollect only two exceptions, when, although the usual effects were produced, both patients complained that, previous to the full anæsthetic effects, their feelings, instead of being agreeable, were much the reverse. One lady said that she felt it like approaching insanity, and that she would rather endure the labour pains than be subject to this again."

It is right here to notice the uncertainty of the effect of chloroform, which no experience can overcome. It is true, that in making experiments upon birds and mice, one of these animals will be to a certainty killed in so many seconds when enclosed in a jar filled with the vapour of chloroform; and that another animal enclosed in another jar, containing the same quantity but mixed with more atmospheric air, will become insensible, but will not die. But the theory derived from these experiments does not hold good in exhibiting anæsthetic vapours to the human subject. It is impossible, however nicely the apparatus may be arranged, to prevent the inhalation of the vapour, unmixed with the proper quantity of atmospheric air. Then, again, authors upon the subject differ as to the mode of administration: some say, let it be given on a handkerchief; others attribute the deaths that have occurred entirely to this mode of administration. But the diversity of opinion alone will be sufficient to show that there is an uncertainty in the effect of these vapours, which, at present, has been met by no remedial means. Then, again, one person will require much more to produce unconsciousness to pain than another; and the same person will require a large quantity at one time, and a small quantity at another. Thus, we have a person inhaling three or four drachms, and yet remaining free from its effects; another dropping down dead after inhaling fifteen

or twenty drops. The case has been related to me, and referred to in a former page, of a lady to whom chloroform was administered six or seven times before applying caustic to the urethra, and in each of these instances without any bad effect; but, writes my correspondent, who has kindly given me the account of the case, "The effect the last time was different from the former times: oppression at the region of the heart, and an intermittent pulse, with ghastly fulness of the face; the eyes becoming fixed, excited the greatest fears as to what the result might be, and these symptoms for a few minutes subsiding and then recurring, continued for above two hours. The only mode of relief I could adopt was, when the heart was scarcely felt pulsating, to dash cold water on the face and neck, which excited a deep inspiration. This plan I was obliged to adopt until the heart continued to beat regularly. She constantly laid her hand over the region of the heart."

It is much the custom amongst anæsthetic administrators to denounce the practice of others as bad when any casualty occurs; thus, Dr. Snow, in a paper* professing to put forth a statement relative to the deaths that have occurred, admits some deaths, but attributes their occurrence to the improper administration of chloroform: in the paper I allude to not a word is said of many of the deaths that have happened, and their omission renders his paper a highly dangerous one, from which, unless contradicted by other statements, much harm may arise; but in the instance I have just related, even allowing that the chloroform was improperly administered, the danger would have been equally the same, for it arose entirely from the uncertainty of the quantity required at one time, compared with that which was essential at another, and no apparatus or management could have prevented a similar occurrence. The girl, Hannah Greener's case, presents similar features; she had inhaled ether the day previous to her death by chloroform, and without any ill effects.

These facts sufficiently prove that there is another danger in this uncertainty of the effects of anæsthetic vapours, and form a stronger reason, perhaps, than any yet mentioned for their non-administration in midwifery.

It may be said, why, if I advocate the use of anæsthesia in surgery, should I relate all the casualties and deaths that have

* Read at the Westminster Medical Society.

occurred? because, it may be answered, I am desirous of showing, by facts, that which has been by authors denied,—the existence of danger, under all circumstances of its employment, if it is administered to an extent sufficient to produce immunity from pain; and I trust that I have succeeded in exposing a few of the real hazards of etherization, as well as in faithfully recording some of the deaths that have actually occurred; and those who have done me the favour to peruse the foregoing pages will, I doubt not, agree with me that the following deductions may be drawn from the facts I have brought to light.

1st. That the inhalation of ether or chloroform cannot procure an immunity from the pains of labour, because no degree short of the fourth degree of narcotism can have this effect, and narcotism carried to this extent, paralyses the uterine action.

2nd. That, as etherization, in midwifery, has no beneficial effect, but simply allays pain, even if this could be accomplished without interfering with the uterine action,—it would not be justifiable to employ it, for pain (in good midwifery practice) does not endanger life, and it would be improper to employ so dangerous an agent solely to alleviate pain.

3rd. That, if patients escape the immediate danger of etherization during labour, they all become more or less predisposed than they otherwise would be to subsequent puerperal disease.

4th. That etherization is likely to be very injurious to the child.

In coming to these conclusions I do not intend to condemn the practice of those who, in the operation of turning the foetus in utero when the liquor amnii has escaped, have occasionally employed it if rupture of the uterus was apprehended, perchance etherization might have been beneficial. I have never met with any such cases requiring it; for in all instances, however difficult, by time and perseverance, I have been able to accomplish turning, not only without the employment of relaxing agents, but with perfect safety to the mother, and with only one exception, or two, (in first deliveries,) to the child.

In no other instance, however, even admitting it here, do I think there is the shadow of an excuse for employing anæsthesia, either in natural or complicated labour.

POSTSCRIPT.

SINCE the foregoing pages were in print, I have received, through the kindness of Dr. Montgomery, a copy of his address to the Obstetrical Society of Dublin, regarding the indiscriminate employment of anæsthesia in midwifery.

In the forthcoming number of the Dublin Medical Journal this address will be found, and I can only refer to it with the utmost satisfaction, as directly evidencing a feeling in Dublin similar to the one entertained in London, and because it necessarily is a great gratification to find an author of the deserved eminence of Dr. Montgomery, using arguments alike in their character to my own, and tending to a similar conclusion.

I cannot refrain from alluding also to the history of the private practice of the late Dr. Joseph Clarke, published by Dr. Collins, of Dublin, who kindly presented it to me. It was only placed before the public at so late a period, that I was unable to quote either from the reports it contains, or from the observations of its learned author. I feel bound, however, with the hope that my remarks may attract the notice of some of those practitioners of the present day, who, it would seem, make unassisted labour the exception and instrumental delivery the rule, to call especial attention to this report of Dr. Clarke's practice; from which may be learnt the fact, that in delivering no less than nearly four thousand patients, he only had occasion to employ the forceps once; that he never witnessed any "sloughing of the maternal passages;" and that the fatality amongst his patients was still extraordinarily small; startling facts indeed, when we reflect that an author on anæsthetic midwifery at the present time informs us that he has "had recourse to their assistance (anæsthetic agents) in various obstetric operations that he has had to perform, as in the separation of the placenta, in various cases of turning, in one craniotomy case, and in *several patients who required to be delivered instrumentally by the long and short forceps*;" and that these several cases were all met with in the short space of twenty months; in fact, during the very twenty months succeeding the first employment of anæsthesia in midwifery.

I will also call attention to a late number of the Medical Gazette, in which are instances recorded, exemplifying the truth of many of the arguments I have employed.

Other cases of death from chloroform, and many instances of its dangers and ill effects, have come before me, besides the great number of which I was originally informed, and which, for want of space, I was obliged to withhold from publication. And there can be no doubt that, as well as an enormous amount of instances of prolonged indisposition, of diseases set up, and of dangers incurred, deaths to a more frightful extent than ever will be known, have resulted from the employment of etherization.

LONDON:

PRINTED BY G. J. PALMER, SAVOY STREET, STRAND.



